MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 08230

PLEASE WRITE PLAINLY, WITH UNG INK. Every item of information should be carefully supplied. correct age is especially important. Is: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

N RESERVED FOR BINDING

1. NAME OF DECEASED (Type or Print): Sallie L. Armiger

2. DATE OF DEATH: Aug 6 1952

3. PLACE OF DEATH
A. Baltimore ~~City~~, Maryland Town.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6403 Crestwood Rd
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 116 Dumbarton Rd

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
F	W	M	Jan 23 1888	64				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At Home		Balto Md	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William R. Harcourt	Florence Adams

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
		Joseph G. Armiger 116 Dumbarton Rd

MEDICAL CATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 Mos

DUE TO

(B) Cardio-Renal-Vascular-Injury

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

420.1 ANTECEDENT CAUSES

DUE TO

(C) Coronary thrombosis — 5 Yrs

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Oct 1946 *to* August 7, 1952, *that I last saw the deceased alive on* August 7, 1952 *and that death occurred at* 10:45 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Charles F. O'Donnell M. D.	7501 York Rd. Towson	8/7/52

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	8-9-52	Cathedral	Baltimore

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
8-8-52	A. W. Hedrick	L. J. Ruck & Sons · 5305 Harford Rd

VS. A15

Item 9 Film G146 9/3/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08231

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Notch cliff near Towson; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Villa Maria Glenarm Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Towson; STREET ADDRESS (If rural, give location) Villa Maria Glenarm Rd.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Sister Mary Peter Claver Arndt

4. DATE OF DEATH (Month) (Day) (Year): AUGUST 26, 1952.

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: June 24-1887

9. AGE last birthday: 65 ~~65~~ yrs. If under 1 year Months / Days; If under 24 hrs. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher

10b. KIND OF BUSINESS OR INDUSTRY: RELIGIOUS

11. BIRTHPLACE (State or foreign country): meriden Conn

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Arndt

14. MOTHER'S MAIDEN NAME: Anna Goerdel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Sr. Mary Clara Notch cliff md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebro-vascular hemorrhage — Interval Between Onset and Death: 4 hours.

4/43X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio vascular disease

(c) Senility

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on August 26, 19 52, and that death occurred at 8 45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Patrick A Sherlaw M.D. 201 W Madison Street Balto. Md. 8/28/52

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE THEREOF: 8-29-52

NAME OF CEMETERY OR CREMATORY: VILLA MARIA CEM.

LOCATION (City, town, or county) (State): NOTCH CLIFF NR TOWSON

DATE REC'D BY LOCAL REG. 8/28/52

REGISTRAR'S SIGNATURE: A. W. Hedges

24. FUNERAL DIRECTOR: Charles S. Feiler

ADDRESS: 901 S. CONKLING ST. BALTO. 24, MD.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08232

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Baltimore
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Delight Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
STREET ADDRESS (If rural, give location) Delight Road

3. NAME OF DECEASED (Type or Print): (First) William (Middle) W (Last) Baker

4. DATE OF DEATH (Month) (Day) (Year): Aug. 17, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: May 24, 1864

9. AGE last birthday: 88 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Clerk Mt. Vernon Mills

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore County

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James C. Baker

14. MOTHER'S MAIDEN NAME: Regina Hudson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. James H. Bell, Owings Mills, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Edema	24 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio sclerotic CV. Disease	6 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/5, 1952, to 8/17, 1952, that I last saw the deceased alive on 8/17, 1952, and that death occurred at 4:15 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Martin E. Strobel	M.D.	Reisterstown, Md.	8/18/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 19, 1952	Wards Chapel	Baltimore Co.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-19-52	Mary B. Eline.	J.F. Eline & Sons	Reisterstown, Md.

RECEIVED
AUG 19 1952
BUREAU V. S.

08233

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS-A15A

1. PLACE OF DEATH: COUNTY Balto. MARYLAND; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Middle River; LENGTH OF STAY (In this place) 3 mos.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 1710 Earhardt Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penn. COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boalsburg; STREET ADDRESS (If rural, give location) Rt 1. ✓

3. NAME OF DECEASED (Type or Print): (First) Daisy (Middle) Carrol (Last) Barnes

4. DATE OF DEATH: (Month) July (Day) 7 (Year) 19 57

5. SEX: Male.

6. COLOR OR RACE: White.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow-

8. DATE OF BIRTH: May 6 1859

9. AGE: Last birthday 93 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter.

10b. KIND OF BUSINESS OR INDUSTRY: Contractor.

11. BIRTHPLACE (State or foreign country): Moulee River Maine

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Barnes

14. MOTHER'S MAIDEN NAME: Isabelle Greenville?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs Mildred E. Smith.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture left hip — 6 wks.

(c) Retention of Urine — 5 wks

904.0

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home (CITY OR TOWN): Middle River (COUNTY): Balto (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour): June 18/52 P m. INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Fell & fractured hip

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE (Degree or Title): J. J. McSweeney M.D. ADDRESS: Medical Examiner Balto Co. Towson 2 Md DATE SIGNED: 8/7/57

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: Aug. 7/57 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): Brunswick Main

DATE REC'D BY LOCAL REG. 8/12/57 — REGISTRAR'S SIGNATURE: Edith Hurley — cc

24. FUNERAL DIRECTOR: J. J. Brzezynski — ADDRESS: 1407 Eastern Ave

COPY SENT TO LOCAL REGISTRAR No. ____ DATE AUG 12 1952

RECEIVED
AUG 12 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08234

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Catonsville
LENGTH OF STAY (in this place) 15 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balt
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Owings Mills
STREET ADDRESS (If rural give location) GARRISON FOREST RD

3. NAME OF DECEASED: (Type or Print) (First) Augusta (Middle) (Last) Bartlett

4. DATE OF DEATH: (Month) Aug (Day) 2 (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): wid.

8. DATE OF BIRTH: Aug 6, 1864

9. AGE last birthday: 87 yrs.

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Private wife

10b. KIND OF BUSINESS OR INDUSTRY: –

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: August Schnodetke

14. MOTHER'S MAIDEN NAME: Johanna Pfeltz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
Immediate cause (a) Cardio-respiratory failure — Interval Between Onset And Death: 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — 4 yrs
DUE TO (c) Generalized arteriosclerosis — 4 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Peculitus ulcus heels — over 15 da

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jul 19, 1952 to Aug 2, 1952 that I last saw the deceased alive on Aug 1, 1952 and that death occurred at 4:45 AM, from the causes and on the date stated above.

SIGNATURE (Degree or Title) Ethel B. Hermann-Greene M.D. ADDRESS Spring Grove State Hosp Catonsville 28 Md DATE SIGNED 8/2/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 8-5-52 — NAME OF CEMETERY OR CREMATORY ST. THOMAS — LOCATION (City, town, or county) (State) GARRISON FOREST. OWINGS MILLS MD

DATE RECD BY LOCAL REGISTRAR 8/4/52 — REGISTRAR'S SIGNATURE A.W. Redmond Deputy

24. FUNERAL DIRECTOR ADDRESS Wm. J. Tickner & Sons Inc. Balto. md

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Balto. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Relay 27 — MARYLAND — LENGTH OF STAY (in this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS 5105 Rolling Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Relay 27. — STREET ADDRESS (If rural, give location) 5105 Rolling Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ALICE	GERTRUDE	BEARD	Aug	4	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Single	Sept 15, 1872.	79. yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own home.	Balto. Md.	U.S.A.

13. FATHER'S NAME: Josiah F. Beard.

14. MOTHER'S MAIDEN NAME: Helen Ames.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
no.	no.	none.	Mrs Flos. S. Earp (sister) 5125 ROLLING Rd. RELAY MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac Decompensation	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

434.3

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
no.	none.	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
none	none			

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
none. m.		none.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
D.D. Caples	Deputy Med. Exam., M.D.	Reisterstown, Md.	Aug 4 '52.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/6/52	London Park	Baltimore Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 7 52	Kieffer	Easton Sons, Inc.	Catonsville Md.

M

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MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15A

RECEIVED
AUG 8 1951
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1236

Reg. Dist. No. 45

MAROON RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Essex
LENGTH OF STAY (in this place) 3 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Box 496 Rt 13 Baltto 21

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Essex
STREET ADDRESS (If rural, give location) Box 496 Rt 13 Baltto 21

3. NAME OF DECEASED (Type or Print): (First) Sara (Middle) Esther (Last) Birth

4. DATE OF DEATH: (Month) Aug (Day) 9 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: March 28 1863

9. AGE last birthday: 89 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Bloomingdale Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Westley Culver

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Goldie Prudhoe Box 496 Rt 13 Baltto 21

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral hemorrhage	7 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic cardiovascular	10 Yrs.
	(c) disease with hist. of recurrent strokes.	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to Aug., 1952, that I last saw the deceased alive on Aug 8, 1952, and that death occurred at 11:10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

6801 Belair Rd. Balto 6 Aug 10, 52.

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. August 10, 1952 REGISTRAR'S SIGNATURE Faith Hurley

24. FUNERAL DIRECTOR ADDRESS

AUG 12 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 (8-54)

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Catonsville
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove St. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2112 E. Lombard St.

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) (Last) Blank

4. DATE OF DEATH: (Month) 8 (Day) 22 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 8/18/93

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lithuania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Jaffe

14. MOTHER'S MAIDEN NAME: Rachel Kaplow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Carcinoma - ulcerative of left breast & Axillary — Interval between onset and death: 1 yr.
DUE TO Spread.

170X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Paranoid schiz

19a. DATE OF OPERATION: No

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/21, 19 52, to 8/22, 19 52; that I last saw the deceased alive on 8/22, 19 52, and that death occurred at 6.01 A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Joseph D. Teichtahl M.D. Spring Grove St. Hosp., Catonsville, Md. 8/22/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 8-22-52 — NAME OF CEMETERY OR CREMATORY Bnai Israel — LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. 8-22-52 — REGISTRAR'S SIGNATURE V E Harry

24. FUNERAL DIRECTOR Jack Lewis Inc — ADDRESS 2100 Eutaw Pl.

RECEIVED
AUG 25 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 47 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 3029 Mondaumin Avenue

3. NAME OF DECEASED: (Type or Print) (First) BENJAMIN (Middle) (NMI) (Last) BLOCK

4. DATE OF DEATH: (Month) August (Day) 5 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10-30-07

9. AGE last birthday: 44 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Shipping Clerk

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Joseph Block

14. MOTHER'S MAIDEN NAME: Rose Goldberg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARCINOMA OF RECTO-SIGMOID COLON WITH METASTASES

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) TO LIVER

DUE TO (c)

Interval Between Onset And Death: 2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from June 19, 1952, to Aug. 5, 1952, and that death occurred at 2:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Francis G. Dickey — ADDRESS: FRANCIS G. DICKEY, M. D., Chief, Medical Service, VAH, Fort Howard, Maryland — DATE SIGNED: 8-5-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8-6-52 — NAME OF CEMETERY OR CREMATORY: Anshe Neisen Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 8-2-52 — REGISTRAR'S SIGNATURE: A. A. Hedrick — 24. FUNERAL DIRECTOR — ADDRESS: Jack Lewis, Inc. 2100 Eutaw Place, Baltimore, Maryland

1 & 3: Film G145 8/7/52 dmr

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]3

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Ft. Howard, Md.
LENGTH OF STAY (in this place): 56 days 55

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 1626 N. Wolfe St., Balto., 13, Md.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) NMI (Last) Bogier
Williams

4. DATE OF DEATH: (Month) 8 (Day) 3 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1/15/1894

9. AGE last birthday: 58 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Chemical Work

10b. KIND OF BUSINESS OR INDUSTRY: Burgh Chem. Co

11. BIRTHPLACE (State or foreign country): St. Paul S.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Bogier

14. MOTHER'S MAIDEN NAME: Rena Bennett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W W I

16. SOCIAL SECURITY NO.: 217-05-7338

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) MULTIPLE MYELOMA — Interval Between Onset And Death: Approx. 3 months

Anteecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b) — DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/9, 1952, to 8/3, 1952, that I last saw the deceased [illegible] and that death occurred at 1:15 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
VAH, Fort Howard, Maryland 8/3/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF
NAME OF CEMETERY OR CREMATORY: Mount Calvert Cemetery
LOCATION (City, town, or county) (State): Baltimore, Maryland
DATE REC'D BY LOCAL REGISTRAR: 8/5/52
REGISTRAR'S SIGNATURE: [signature]
ADDRESS

24. FUNERAL DIRECTOR: Elroy O. Wilson
ADDRESS: 1000 Brentley Ave. Baltimore, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

(40)

Reg. Dist. No. 42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 14 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5216 Benson ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 5216 Benson ave

3. NAME OF DECEASED (Type or Print): (First) Rosa (Middle) Lee (Last) Brauer

4. DATE OF DEATH: (Month) Aug (Day) 12 (Year) 19 52

5. SEX: F — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married — 8. DATE OF BIRTH: Jan 20 1904 — 9. AGE last birthday: 48 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home — 10b. KIND OF BUSINESS OR INDUSTRY: Home — 11. BIRTHPLACE (State or foreign country): South Carolina — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: unknown — 14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY No. — 17. INFORMANT AND ADDRESS: John F Brauer 5216 Benson ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary heart disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Jas M. Kieffer Dr Osteopathy Balto 1010 Leadenhall Aug 13 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF Aug 15 52 — NAME OF CEMETERY OR CREMATORY Loudon Park — LOCATION (City, town, or county) Baltimore (State)

DATE REC'D BY LOCAL REG. Aug 14, 52 — REGISTRAR'S SIGNATURE Jas Kieffer — 24. FUNERAL DIRECTOR Geo L. Johnson — ADDRESS 701 Frederick ave

U.S. ARMY
MAY 18 1952

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A/AA

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Timonium
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Timonium Fair Ground

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1055 Harford Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
EDWARD	H.	BREUNING	August 27 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	Widowed	May 11, 1885	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Laborer	?	Baltimore	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Marcus Breuning	Catherine Rosemer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No None	220-12-4271A	Miss. Anna Breuning-1055 Harford Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic cardiovascular disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R B Fisher	Chief Medical Examiner	700 Fleet St.-Balto. 2, Md.	8-28-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-I-1952	Holy Redeemre	Belair Rd. Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 30 1952	R W.	George J. Ruth, Inc.	1735 Harford Avenue

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4K

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 63 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 414 Railroad Avenue

3. NAME OF DECEASED: (Type or Print) (First) ADAM (Middle) K. (Last) BRISCOE

4. DATE OF DEATH: (Month) (Day) (Year) August 29 19 52

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1/22/85

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Porter

10b. KIND OF BUSINESS OR INDUSTRY: Bandit Radar

11. BIRTHPLACE (State or foreign country): St. Mary's County, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Briscoe

14. MOTHER'S MAIDEN NAME: Adeline Dyson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWI

16. SOCIAL SECURITY NO.: 215-03-9372

17. INFORMANT & ADDRESS: Clinical Records, Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

151K

Immediate cause (a) LEIOMYOSARCOMA OF STOMACH — DUE TO — Interval Between Onset and Death: 15 mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7/22/52 **19b. MAJOR FINDINGS OF OPERATION:** Exploratory laparotomy **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from June 27, 19 52, to Aug. 29, 19 52, and that death occurred at 6:10 a.m., from the causes and on the date stated above.

SIGNATURE F G Dickey (DEGREE OR TITLE) ADDRESS — DATE SIGNED 8/29/52

FRANCIS G. DICKEY, M.D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 9/3/52 — NAME OF CEMETERY OR CREMATORY: Baltimore National Cemetery — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 9/2/52 — REGISTRAR'S SIGNATURE Ray Hedges Deputy

24. FUNERAL DIRECTOR — ADDRESS: Arlington S. Phillips Funeral Home, 1808 N. Monroe Street, Balto. Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Reisterstown
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cherry Hill & NicodemusRd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Reisterstown
STREET ADDRESS (If rural, give location): Nicodemus & Cherry Hill Rd.

3. NAME OF DECEASED (Type or Print): (First) David (Middle) Ferguson (Last) Broadfoot

4. DATE OF DEATH: (Month) August (Day) 26, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 19, 1875

9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gardner at private home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George S.Broadfoot

14. MOTHER'S MAIDEN NAME: Agnes Drysdale

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 219-30-3302

17. INFORMANT AND ADDRESS: Mrs.Birdie K.Broadfoot, Reisterstown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage.	20½ hrs.
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive C-V. Disease.	3 yrs.
	(c)	

443X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION: None.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: None. (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? None.

22. I hereby certify that I attended the deceased from Aug 25, 1952, to Aug 26, 1952, that I last saw the deceased alive on Aug 25, 1952, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

SIGNATURE: J. D. Caples — (Degree or title) M D — ADDRESS: Reisterstown, Md. — DATE SIGNED: 8-27-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug. 30, 1952 — NAME OF CEMETERY OR CREMATORY: Druid Ridge — LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REG.: 8-29-52 — REGISTRAR'S SIGNATURE: Mary B. Eline — 24. FUNERAL DIRECTOR: J.F.Eline & Sons, Reisterstown, Md. — ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

SEP 2 1954
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2244

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard; LENGTH OF STAY (in this place): 29 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administratiin Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: A.A.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis; STREET ADDRESS (If rural give location): RFD 4, Box 878

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) W. (Last) BROOKS, JR.

4. DATE OF DEATH: (Month) August (Day) 19 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1-22-13

9. AGE last birthday: 39 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Master-At-Arms - U. S. Naval academy

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Annapolis, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Charles Brooks

14. MOTHER'S MAIDEN NAME: Hilda Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CIRRHOSIS OF LIVER — Interval Between Onset And Death: UNKNOWN

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

5810

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 21, 1952, to Aug. 19, 1952 and that death occurred at 2:45 A. M., from the causes and on the date stated above.

(Signature and degree or title) WILLIAM B. VANDEGRIFT, M. D.

ADDRESS: VAH, FORT HOWARD, MARYLAND

DATE SIGNED: 8-19-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 8-22-1952

NAME OF CEMETERY OR CREMATORY: Cedar Bluff Cemetery

LOCATION (City, town, or county) (State): Annapolis, Maryland

DATE REC'D BY LOCAL REGISTRAR: August 21, 1952

REGISTRAR'S SIGNATURE: Dawson Farber

24. FUNERAL DIRECTOR ADDRESS: Ben Hopping West Street, Annapolis, Md.

VS. A15

AUG 25 19..
BUREAU V. S.

Item 9 FilmG146 9/15/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

Balto Co

1. PLACE OF DEATH: COUNTY 5927 Old Federal Road MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Douglas Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 1463 N. Carey St COUNTY Balto Md; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural, give location) 1463 N. Carey st

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Brooke

4. DATE OF DEATH: (Month) 8 (Day) 24 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 11-1890

9. AGE last birthday: 62-60 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waiter - Army Mess

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Balto Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Brooks

14. MOTHER'S MAIDEN NAME: Mary Ray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 178-16-8614

17. INFORMANT AND ADDRESS: Mrs Brooks Ringgold 1463 N. Carey St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Mitral Insufficiency

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio Renal Disease

(c)

4427

INTERVAL BETWEEN ONSET AND DEATH: (a) 50 days; (b) ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/5/52, to 8-24-52, that I last saw the deceased alive on 8/24/52, and that death occurred at 12:30A m., from the causes and on the date stated above.

SIGNATURE: Eric Mahoney (Degree or title) M.D. ADDRESS 57 Winterscene Balto 28. DATE SIGNED 8/24/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 8/28/52

NAME OF CEMETERY OR CREMATORY: Mt Auburn Cemetery

LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG. 8/26/52

REGISTRAR'S SIGNATURE: a W Bedinger

24. FUNERAL DIRECTOR: Mrs Brooks Ringgold ADDRESS 1463 N. Carey St

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. C. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville | LENGTH OF STAY (In this place) 2 yr. 3 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Offutt Memorial Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monkton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Albert (Middle) Lemonie (Last) Bumgarner Bumgarner
4. DATE OF DEATH: (Month) Aug. (Day) 16 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	11/9/1870	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dent IST
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Millsboro, PA.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jessie Bumgarner
14. MOTHER'S MAIDEN NAME: Emma Greenly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Dr. Albert S. Bumgarner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerotic cardio-vascular disease	years.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

422.1

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. Parkinsonism — 6 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 16, 1952, to Aug. 16, 1952, that I last saw the deceased alive on Aug. 16, 1952, and that death occurred at 11:50 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Elizabeth B. Schmill M.D. ADDRESS: Cockeysville, Md. DATE SIGNED: 8/16/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 19/52	Pleasant	Baltimore Md

DATE REC'D BY LOCAL REG. 8/18/52 | REGISTRAR'S SIGNATURE: [illegible] | 24. FUNERAL DIRECTOR: [illegible] ADDRESS: 1219 Dover St

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4247

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard, Md.
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 2106 Pennsylvania Avenue

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) H. (Last) BUSH

4. DATE OF DEATH: (Month) August (Day) 23, (Year) 19 52

5. SEX: M

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5/25/92

9. AGE last birthday: 60 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer - Fertilizer Mfg. Co.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): St.Mary's County, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wash Bush

14. MOTHER'S MAIDEN NAME: Mary Melbert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY No.: Unk.

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) CEREBRAL VASCULAR ACCIDENT — Interval Between Onset And Death: 1 week

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 18, 19 52, to Aug. 23, , 19 52 [illegible] the deceased and that death occurred at 11:50 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Emily M.D. — ADDRESS VAH, Fort Howard, Maryland — DATE SIGNED 8/23/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 8-27-52 — NAME OF CEMETERY OR CREMATORY Baltimore National — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE RECD BY LOCAL REGISTRAR 8/20/52 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS Arlington S. Phillips, 1808 N. Monroe St. Baltimore 17, Md.

Worked at Fertilizer Manf to 1500 N. Exeter St.

VS. A15

Item 18 Film G146 9-8-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4K

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard

LENGTH OF STAY (in this place): 41 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural give location): 1544 Pennsylvania Ave.

3. NAME OF DECEASED: (Type or Print) (First) LAWRENCE (Middle) (NMI) (Last) BUTLER

4. DATE OF DEATH: (Month) August (Day) 28 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M—sep.

8. DATE OF BIRTH: 6/21/96

9. AGE last birthday: 56 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Handyman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Butler

14. MOTHER'S MAIDEN NAME: Rosie Cockey

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY No.: Unknown.

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) CARDIORESPIRATORY FAILURE	Unknown
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) ANEURYSM, INNOMINATE ARTERY - Syphilitic.	Unknown
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 18, 1952, to Aug. 28, 1952, and that death occurred at 9:20 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Joseph M. Miller
JOSEPH M. MILLER, M.D., Chf., Surg. Service

ADDRESS: VAH, FORT HOWARD, MARYLAND

DATE SIGNED: 8/28/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 9-2-1952

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 9/2/52

REGISTRAR'S SIGNATURE: H.W. Hedrick

24. FUNERAL DIRECTOR ADDRESS: Holland Funeral Home, 1631 Druid Hill Ave. Baltimore 17, Md.

M.H.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 426 Carrollton Avenue

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) (NMI) (Last) BYRD

4. DATE OF DEATH: (Month) August (Day) 4 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-28-92

9. AGE last birthday: 59 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Janitor

10b. KIND OF BUSINESS OR INDUSTRY: American Ice Co.

11. BIRTHPLACE (State or foreign country): Middlesex, Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Augustine Byrd

14. MOTHER'S MAIDEN NAME: Mary (MN: Unknown)

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 213-03-5470

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 10 1

Immediate cause — (a) OLD INFARCTION OF MYOCARDIUM — Interval Between Onset And Death: UNKNOWN

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) CORONARY THROMBOSIS — UNKNOWN

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1, 1952, to Aug. 4, 1952, [illegible] and that death occurred at 7:30 A. M., from the causes and on the date stated above.

SIGNATURE: William B. Vandegrift — (Degree or title) M. D. — ADDRESS: VAH, FORT HOWARD, MD. — DATE SIGNED: 8-4-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8/7/1952 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 8-6-52 — REGISTRAR'S SIGNATURE: H. W. Hedrick — PMR

24. FUNERAL DIRECTOR — ADDRESS: Arlington S. Phillips Funeral Home, 1808 N. Monroe Street, Baltimore 17, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 2304 Harford Road

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) W. (Last) BYRNES

4. DATE OF DEATH: (Month) August (Day) 18 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6-5-92

9. AGE last birthday: 60 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Locomotive engineer - Unemployed

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Joseph Byrnes

14. MOTHER'S MAIDEN NAME: Nellie Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death: UNKNOWN

Immediate cause (a) CARCINOMA OF BLADDER

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

1817

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION: 10-24-51

19b. MAJOR FINDINGS OF OPERATION: Total cystoprostatectomy & bilateral ureterosigmoidostomy

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug.15, 1952, to Aug.18, 19.52 [illegible] the deceased

[illegible] and that death occurred at 8:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): WILLIAM B. VANDEGRIFT, M.D.

ADDRESS: VAH, FORT HOWARD, MARYLAND

DATE SIGNED: 8-19-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 8-21-52

NAME OF CEMETERY OR CREMATORY: BALTIMORE NATIONAL

LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR: 8/20/52

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: Howard Blight Funeral Home, 6009 Harford Road, Baltimore, Maryland

Mildred T. Blight

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex 21 | LENGTH OF STAY (In this place) MARYLAND | HOSPITAL OR INSTITUTION OR STREET ADDRESS Norris Lane -

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex 21 | STREET ADDRESS (If rural, give location) 221 N. Marlyn. Ave.

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) Joseph (Last) Capp Cap

4. DATE OF DEATH: (Month) Aug (Day) 7 (Year) 52

5. SEX: Male

6. COLOR OR RACE: White.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married.

8. DATE OF BIRTH: 1896

9. AGE last birthday: 56 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Helper on truck

10b. KIND OF BUSINESS OR INDUSTRY: Brewery

11. BIRTHPLACE (State or foreign country): Czecho Slovkia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Cap

14. MOTHER'S MAIDEN NAME: Catharine ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no.

16. SOCIAL SECURITY NO.: 218-05-2158

17. INFORMANT AND ADDRESS: Frank Cap. Son.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion - | Interval Between Onset and Death: Immed

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) | (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE A. McCarmine M.D. (Degree or title) Dept. Medical Examiner ADDRESS Balto. Co. Dundalk 22 Md DATE SIGNED 8/7/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Aug 11-1952 | NAME OF CEMETERY OR CREMATORY: Sacred Heart Of Mary | LOCATION (City, town, or county) (State): Balto. Co.

DATE REC'D BY LOCAL REG.: 8/11/52 | REGISTRAR'S SIGNATURE: Ann Kestrel | 24. FUNERAL DIRECTOR: C.L. Brzezinski ADDRESS: 1407 Eastern Ave Bal

Ann

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 672

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AL-1

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
LENGTH OF STAY (in this place) 3 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4535 Alan Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
STREET ADDRESS (If rural, give location) 4535 Alan Drive

3. NAME OF DECEASED (Type or Print): (First) Selma (Middle) Magdalena (Last) CARLSON

4. DATE OF DEATH: (Month) Aug. (Day) 5 (Year) 1952

5. SEX: M F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: Mar. 14, 1882

9. AGE last birthday: 70 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Norway

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Herman Hermansen

14. MOTHER'S MAIDEN NAME: Ida

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: -----

17. INFORMANT AND ADDRESS: Edgar R. Carlson 4526 Parkton St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebro vascular Accident X.

4438 Antecedent cause(s) due

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension uncontrolled

(c) Coronary insufficiency

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-5-52, 19--, to 8-5-52, 19--, that I last saw the deceased alive on 8-2-52, 19--, and that death occurred at 4:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 8-6-52

NAME OF CEMETERY OR CREMATORY Loudon Park Cem.

LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. Aug 9 52

REGISTRAR'S SIGNATURE B. Kieffer

24. FUNERAL DIRECTOR George D. Farley - Catonsville, Md. ADDRESS

RECEIVED
AUG 11 1952
BUREAU W

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY: Baltimore — STATE: MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest TOWN): Catonsville

LENGTH OF STAY (in this place): 1yr.6mos.2days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural, give location): 221 E. 25th Street

3. NAME OF DECEASED: (Type or Print) (First) Bessie (Middle) K. (Last) Carroll

4. DATE OF DEATH: (Month) August (Day) 21, (Year) 19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Widowed	Feb. 15, 1883	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland	USA

13. FATHER'S NAME: Harry L. Dickel

14. MOTHER'S MAIDEN NAME: Laura LeCompte

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	Unknown	Mr. Wilson Carroll--Son 221 E. 25th Street, Baltimore, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

443X

Immediate cause (a) Cerebral hemorrhage — DUE TO — Interval between onset and death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertensive cardio-vascular disease — DUE TO — Years

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis — Years

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-15-, 1951, to 8-21-, 19.52., that I last saw the deceased alive on 8-21-, 19.52., and that death occurred at 11:30 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Ethel B. Heymann-Greene MD ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 8-21-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	8/23/52	Lorraine Cemetery	Woodlawn, Maryland

DATE REC'D BY LOCAL REG. 8/22/52 — REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR: Wm. Cook, Inc. — ADDRESS: 1217 St. Paul Street

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Arbutus
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1216 Elm Ridge Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
STREET ADDRESS (If rural, give location) 1216 Elm Ridge Rd.

3. NAME OF DECEASED: (Type or Print) (First) ROSE (Middle) Osborne Green (Last) Cave

4. DATE OF DEATH: (Month) Aug. (Day) 29 (Year) 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 6, 1900

9. AGE last birthday: 51 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm. A. Osborne

14. MOTHER'S MAIDEN NAME: Virginia---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215 03 4367

17. INFORMANT & ADDRESS: Clifton S. Cave, 1216 Elm Ridge Rd

18. MEDICAL CERTIFICATION — Arbutus

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

1701

Immediate cause (a) Carcinoma of Breast — DUE TO — Interval between onset and death: 2 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19 52, to Aug. 29 19 52, that I last saw the deceased alive on Aug. 29, 1952 and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Harry Glassman M.D. ADDRESS 2687 Wrexham Ave DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Sept. 2/52

NAME OF CEMETERY OR CREMATORY Loudon Pk.

LOCATION (City, town, or county) (State) Balto. 29, Md.

DATE REC'D BY LOCAL REG. 9/2/52

REGISTRAR'S SIGNATURE A.W. Redmond Dmm

21. FUNERAL DIRECTOR Harry T. Waltz Co. ADDRESS 4101 Edmondson Ave

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills | LENGTH OF STAY (In this place) 1½ mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood St. Training School

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Cumberland
STREET ADDRESS (If rural, give location) RFD #1.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ronald	Paul	Cioni	8	12	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	single	12-18-43	8 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	inmate	Maryland	U.S.

13. FATHER'S NAME: Paul Thomas Cioni

14. MOTHER'S MAIDEN NAME: Sara Spaltore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Institution records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Acute bronchitis- bronchial pneumonia	26 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Tetany with symptomatic convulsion	" "
	(c)	Developmental cranial anomaly, microcephaly Cerebral spastic infantile paralysis.	birth

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7-31, 1952, to 8-12, 1952, that I last saw the deceased alive on 8-12, 1952, and that death occurred at 4:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): R. G. Butler M.D. — ADDRESS: Rosewood St. Tr. School — DATE SIGNED: 8-12-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 15 1952	St. Patrick Cemetery	Cumberland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-13-52	Mary B. Shine	Wm. I. Knight	Cumberland, Md.

RECEIVED
AUG 19 1972
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 0156

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carney
LENGTH OF STAY (In this place) 33 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9901 Harford Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carney
STREET ADDRESS (If rural, give location) 9901 Harford Rd.

3. NAME OF DECEASED (Type or Print): (First) David (Middle) P. (Last) Cleveland

4. DATE OF DEATH: (Month) Aug. (Day) 24 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: Dec. 30, 1883

9. AGE last birthday: 68 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saleman

10b. KIND OF BUSINESS OR INDUSTRY: Foods

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thurlow W. Cleveland

14. MOTHER'S MAIDEN NAME: Kate Haeripage

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 212-10-9760

17. INFORMANT: Ada Cleveland 9901 Harford Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis — Interval Between Onset and Death: Sudden Immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Chronic myocarditis
(c) Chronic Hypertensive Cardio Vascular Disease

420.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ass Arteriosclerosis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 4, 1943, to Aug 24, 1952, that I last saw the deceased alive on Aug 23, 1952, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. V. Harbold M.D. 4706 Harford Road Baltimore Md 8/25/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Aug 27-52

NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery

LOCATION (City, town, or county) (State): Baltimore Maryland

DATE REC'D BY LOCAL REG. 8/25/52

REGISTRAR'S SIGNATURE: A. A. Halsick M.D.

24. FUNERAL DIRECTOR ADDRESS: James L Evans 8802 Harford Rd

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]57

CERTIFICATE OF DEATH

Reg. Dist. No. 84

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: [illegible]
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Catonsville
STREET ADDRESS (If rural give location): 606 Frederick Avenue

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) B. (Last) COLE

4. DATE OF DEATH: (Month) August (Day) 20 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 7-7-90

9. AGE last birthday: 62 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Helper

10b. KIND OF BUSINESS OR INDUSTRY: Truck Industry

11. BIRTHPLACE (State or foreign country): Towson, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Joseph H. Cole

14. MOTHER'S MAIDEN NAME: Elizabeth Kellalea

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CIRRHOSIS OF LIVER — Interval Between Onset And Death: UNKNOWN

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work [ ] Not While At Work [ ] — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug.17, 1952, to Aug.20, 1952 [illegible] and that death occurred at 8:30 A. M., from the causes and on the date stated above.

SIGNATURE: WILLIAM B. VANDEGRIFT, M. D. (Degree or title) — ADDRESS: VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 8-20-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8/23/52 — NAME OF CEMETERY OR CREMATORY: New Cathedral Cem. — LOCATION (City, town, or county) (State): 4300 Old Frederick Rd.

DATE REC'D BY LOCAL REGISTRAR: 8/21/52 — REGISTRAR'S SIGNATURE: [illegible] Deputy

24. FUNERAL DIRECTOR — ADDRESS: John J. Cowan & Sons Funeral Home, Hollins & Poppleton Streets, Baltimore, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answers to this inquiry are legally important. Physicians: please write the causes of death clearly and legibly.

VS. A15

08258

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY E BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL
LENGTH OF STAY (in this place) 9 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS LYONS MILL RD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY E BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL RANDALLSTOWN
STREET ADDRESS (If rural, give location) LYONS MILL RD

3. NAME OF DECEASED (Type or Print): (First) MOLLIE (Middle) LOUISE (Last) COLEMAN
4. DATE OF DEATH (Month) AUG. (Day) 22 (Year) 1952
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH DEC. 1-1889
9. AGE last birthday 63 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) E BALTIMORE CITY
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME WILLIAM HENRY COLEMAN
14. MOTHER'S MAIDEN NAME ALICE MACKIN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) N O (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT AND ADDRESS MRS. MARY COLEMAN - ABOVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CEREBRAL VASCULAR ACCIDENT — 2 DAYS

152X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) HYPERTENSIVE CARDIO-VAS. DISEASE — 2 YEARS

(c) CARCINOMA DUODENUM — 2 YEARS

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JULY 1, 1952, to AUG 22, 1952, that I last saw the deceased alive on AUG. 22, 1952, and that death occurred at 1:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[illegible] M.D. [illegible] Md Aug. 22 1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF August 25-52 — NAME OF CEMETERY OR CREMATORY Mount Olivet — LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. 8/25/52 — REGISTRAR'S SIGNATURE E W Bellis — 24. FUNERAL DIRECTOR ADDRESS Ellsworth Armacost 1600 Liberty Heights Ave

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(8259)

Reg. Dist. No. 38

1. PLACE OF DEATH — COUNTY: Balto. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Armor & Nursing Hom

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
STREET ADDRESS (If rural give location): 812 Regester

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) a (Last) Collins Jr

4. DATE OF DEATH: (Month) Aug (Day) 11 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Aug 9 1883

9. AGE last birthday: 68 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steel Worker Retired

10b. KIND OF BUSINESS OR INDUSTRY: Beth Steel

11. BIRTHPLACE (State or foreign country): N C

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry a Collins Sr

14. MOTHER'S MAIDEN NAME: Roanna ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: J Boyd Williams Jr

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
42.1 Immediate cause	(a) Pulmonary Tuberculosis	5 Mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardial Degeneration	
	(c) Probably due to Tuberculosis	5 Yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1952, to Aug 11, 1952, that I last saw the deceased alive on Aug 10, 1952, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

L. E. Eckel MD Towson Md 7501 York Rd Towson 8/12/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Aug 14 52

NAME OF CEMETERY OR CREMATORY: Sacred Heart

LOCATION (City, town, or county) (State): Balto

DATE REC'D BY LOCAL REG.: 8-12-52

REGISTRAR'S SIGNATURE: Ann Hudick

24. FUNERAL DIRECTOR ADDRESS: Wilhelm Funeral Home 2112 Dundalk Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]60

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
MARYLAND LENGTH OF STAY (in this place) 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, 16
STREET ADDRESS (If rural give location) 2327 W. Lanvale

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) J. (Last) CONDON

4. DATE OF DEATH: (Month) Aug (Day) 28 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 5/7/87

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): waite

10b. KIND OF BUSINESS OR INDUSTRY: Restaurant

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John J. Condon

14. MOTHER'S MAIDEN NAME: Ida Mitchell

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No: unk.

17. INFORMANT & ADDRESS: Mrs Caroline Casey 2327 W Lanvale St Balto 16

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

02X Immediate cause (a) Cardiac failure DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Luetic heart disease DUE TO

(c)

Interval Between Onset And Death (a) yrs 2 wks (b) yrs.

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Aneurism of aorta. unk

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-13, 1952, to 8-28, 1952 that I last saw the deceased alive on 8-28, 1952, and that death occurred at 7:15 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Ethel B. Hermann-Greene MD ADDRESS Spring Grove State Hosp Catonsville 28 Md DATE SIGNED 8/28/52

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial DATE THEREOF 8/30/52 NAME OF CEMETERY OR CREMATORY New Cathedral LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR A. M. Cook Inc. ADDRESS 217 St. Paul St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Anneslie
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 617 Dunkirk Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Anneslie
STREET ADDRESS (If rural, give location): 617 Dunkirk Road

3. NAME OF DECEASED (Type or Print): (First) LILLIE (Middle) M. (Last) CONN

4. DATE OF DEATH: (Month) August (Day) 14, (Year) 19 52

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Nov. 16, 1876

9. AGE last birthday: 75 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas J. Wilcox

14. MOTHER'S MAIDEN NAME: Matilda J. Cochran

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Miss Lillian W. Conn, 617 Dunkirk Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1
Immediate cause (a) Coronary Occlusion — Interval between onset and death: 1 day
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Arteriosclerosis — 6 years
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 19 37, to 14 Aug., 19 52, that I last saw the deceased alive on 14 Aug., 19 52, and that death occurred at 4 A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Charles H. Reis M.D. ADDRESS 6701 York Rd Balto 12 Md DATE SIGNED 14 Aug 52

23. BURIAL, CREMATION, REMOVAL (Specify): burial
DATE THEREOF: 8/16/52
NAME OF CEMETERY OR CREMATORY: Lorraine Park Cemetery
LOCATION (City, town, or county) (State): Woodlawn, Maryland

DATE REC'D BY LOCAL REG.: 8/15/52
REGISTRAR'S SIGNATURE: a W Frederick
24. FUNERAL DIRECTOR: Wm. Cook, Inc., ADDRESS: 1217 St. Paul Street

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove St. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 680 West Fayette Street

3. NAME OF DECEASED: (Type or Print) (First) HATTIE (Middle) E. (Last) COOK (KOCH)

4. DATE OF DEATH: (Month) August (Day) 22 (Year) 1952

5. SEX: fem

6. COLOR OR RACE: wh

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: ?

9. AGE last birthday: about 80 yrs. — IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): ? (Maryland)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ? Blankenship

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) none (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

422.1

Immediate cause (a) Acute cardiac failure — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) arteriosclerotic cardiovascular disease and hypertrophic left ventricle — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: 6 hrs. / unknown

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. left breast, removed on unknown date

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ~~Aug.~~ 19 52, to ~~Aug.~~ 22 ~~19 52~~ that I last saw the deceased alive on ~~August 22,~~ 19 52, and that death occurred at 10 ~~12~~ P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Gertrude J. Fleischmann M.D. Spring Grove Aug. 22. 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 8/27/52 — NAME OF CEMETERY OR CREMATORY Loudon Park Cem. — LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REG. 8/25/52 — REGISTRAR'S SIGNATURE a. W. Hedrick — **24. FUNERAL DIRECTOR** Wm. J. Vickner & Sons — ADDRESS Balto 17, Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8411 Harford Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
STREET ADDRESS (If rural give location) 8411 Harford Rd.

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) (Last) Dagostaro

4. DATE OF DEATH: (Month) Aug. (Day) 28 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 28 1894

9. AGE last birthday: 58 yrs. — If under 1 year: Months 4, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Grocery Store

11. BIRTHPLACE (State or foreign country): Sicily Italy

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Salvatore Dagostaro

14. MOTHER'S MAIDEN NAME: Providenza Dagostaro

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-14-3922

17. INFORMANT: Salvatore Dagostaro 8411 Harford Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage — 9 hrs.

4143X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic Cardiovascular disease with hypertension — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 4, 1948 to August 28 1952, that I last saw the deceased alive on August 28, 1952, and that death occurred at 1:20 P m., from the causes and on the date stated above.

SIGNATURE J. Allen (Degree or title) M.D. ADDRESS 6217 Harford Rd Baltimore Md DATE SIGNED 8/29/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Sept. 1st 1952 — NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery — LOCATION (City, town, or county) (State): 4430 Belair Rd. Baltimore

DATE REC'D BY LOCAL REG. August 30 1952 — REGISTRAR'S SIGNATURE R.W. — 24. FUNERAL DIRECTOR: Frank Dallahoe — ADDRESS 322 S. High St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 17 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Larchmont
STREET ADDRESS (If rural, give location) 104 Locust Drive

3. NAME OF DECEASED: (Type or Print) (First) Clarence (Middle) Andrew (Last) Daniels

4. DATE OF DEATH: (Month) Aug (Day) 28 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: April 26, 1879

9. AGE last birthday: 73 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None - never worked

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Daniels

14. MOTHER'S MAIDEN NAME: Barbara Snyder.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: John Daniels 104 Locust Drive

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

443X

Immediate cause (a) Myocardial failure (decompensation) — Interval between onset and death: 8 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Myocardial degeneration

DUE TO

(c) Hypertensive myocardial disease

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 18 1952, to Aug 28, 1952, that I last saw the deceased alive on Aug 27, 1952, and that death occurred at 1:10 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Arthur M. Hanson, MD. Spring Grove State Hosp. 8/26/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 8/30/52

NAME OF CEMETERY OR CREMATORY Woodlawn Cem.

LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE REC'D BY LOCAL REG. 8/27/52

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS

Wm. J. Pickner & Sons Balto 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct [illegible] is specially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 115 T-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 2 Mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1926 Wilkens Ave

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Frederick (Last) Davis

4. DATE OF DEATH: (Month) Aug (Day) 12 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 7/24/1877

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John H. Davis

14. MOTHER'S MAIDEN NAME: Martha Wardecker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cerebral vascular accident with paralysis of left side of body	1 wk.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Hypertensive cardio-vascular disease	Uncertain
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis due to cerebral arteriosclerosis

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 18, 1952 to Aug 12, 1952, that I last saw the deceased alive on Aug 12, 1952, and that death occurred at 9:50 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Frederick E. Phillips, M.D. Spring Grove Hosp Aug 12 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Aug 15-52

NAME OF CEMETERY OR CREMATORY Western

LOCATION (City, town, or county) (State) Balto Md.

DATE REC'D BY LOCAL REG. 8-13-52

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Mamie Cook Syfer ADDRESS 1600 West North Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A45

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Owings Mills; LENGTH OF STAY (in this place) 60 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritters Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Owings Mills; STREET ADDRESS (If rural, give location) Ritters Lane

3. NAME OF DECEASED (Type or Print): (First) Oliver (Middle) Hanson (Last) Disney

4. DATE OF DEATH: (Month) August (Day) 19 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Jan 17 1885

9. AGE last birthday: 67 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Builder

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Josiah Disney

14. MOTHER'S MAIDEN NAME: Susie Ruby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 217-01-1068

17. INFORMANT AND ADDRESS: Miss Dorothy Disney Owings Mills Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval between onset and death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 420.1

(b) Coronary artery disease — 2 days

(c) Had attacks of Cardiac pain for Months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 18, 1952, to Aug 19, 1952, that I last saw the deceased alive on Aug 19, 1952, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. E. Nichols MD Pikesville 8. Md 8-19-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Aug 22 1952

NAME OF CEMETERY OR CREMATORY: Pleasant Hill Cemetery

LOCATION (City, town, or county) (State): Owings Mills Md

DATE REC'D BY LOCAL REG. 9-20-52

REGISTRAR'S SIGNATURE: Dary B. Eline.

24. FUNERAL DIRECTOR ADDRESS: Wm Berryman & Sons Reisterstown Md

AUG 2
BUDGET U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ruxton; LENGTH OF STAY (in this place) 20yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Maywood Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY BALTIMORE; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RUXTON; STREET ADDRESS (If rural, give location) MAYWOOD AVE.

3. NAME OF DECEASED (Type or Print): (First) ROSA (Middle) MAY (Last) DOXZEN

4. DATE OF DEATH: (Month) 8 (Day) 1 (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 3-28-1880

9. AGE last birthday: 72 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): BALTIMORE Co. MARYLAND

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: ANDREW F. BOWERS

14. MOTHER'S MAIDEN NAME: ANNA BAUBLITS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Jacob J. DOXZEN - RUXTON, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CONGESTIVE HEART FAILURE

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ARTERIOSCLEROTIC-HYPERTENSIVE HEART DISEASE

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/25, 1952, to 8/1, 1952, that I last saw the deceased alive on 8/1, 1952, and that death occurred at 7:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Samuel J. Scalia, M.D. ADDRESS 1304 Reisterstown Road DATE SIGNED 8/2/52

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL; DATE THEREOF 8/4/52; NAME OF CEMETERY OR CREMATORY Druid Ridge; LOCATION (City, town, or county) (State) PIKESVILLE, Md

DATE RECD BY LOCAL REG 8/4/52; REGISTRAR'S SIGNATURE H W Wedeman Deputy

24. FUNERAL DIRECTOR Frank A. Purcell ADDRESS Pikesville 8, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Wilson, Md.
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Wilson State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) 217 N. High Street

3. NAME OF DECEASED (Type or Print): (First) Doris (Middle) May (Last) Dwyer
4. DATE OF DEATH: (Month) Aug. (Day) 2 (Year) 1952

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: 5/9/20
9. AGE last birthday: 32 yrs. — If under 1 year: Months 2 Days 24 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Necktie Maker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Elmer Brashears
14. MOTHER'S MAIDEN NAME: Della Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: Mildred Chaney, 6730 Par Ave., Balto., Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Pulmonary Tuberculosis	Approx. 3 yrs.
002X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Pyo-pneumothorax; spontaneous	1 months
	(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: No operation
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/23, 1952, to 8/2, 1952, that I last saw the deceased alive on 8/2, 1952, and that death occurred at 10:45 P. m., from the causes and on the date stated above.

SIGNATURE: William Hargrave — (Degree or title) M.D., Supt. — ADDRESS Mt. Wilson, Md. — DATE SIGNED 8/2/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 8/5/52
NAME OF CEMETERY OR CREMATORY: Lorraine Pk.
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 8/2/52
REGISTRAR'S SIGNATURE: Nola R. Mayer
24. FUNERAL DIRECTOR — ADDRESS: Frank W. Seitz, 814 W. 36th St., Balto., Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1969)

CERTIFICATE OF DEATH

Reg. Dist. No. ... .

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 2hrs 50min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 1108 Whatcoat Street

3. NAME OF DECEASED: (Type or Print) (First) TELOW (Middle) (NMI) (Last) EDMONDS

4. DATE OF DEATH: (Month) August (Day) 15 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-25-95

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months ... Days ... IF UNDER 24 HRS.: Hours ... Min. ...

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer - Heavy of Matt

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): South Boston, Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Edmonds

14. MOTHER'S MAIDEN NAME: Henriette Edmonds

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CEREBRAL HEMORRHAGE, SITE AND VESSEL UNDETERMINED DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ... DUE TO

(c)

Interval Between Onset And Death: Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug.15 12:30 PM, 1952, to Aug.15 3:20 PM, 1952, and that death occurred at 3:20 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) W C Dudley MD ADDRESS VAH, FORT HOWARD, MARYLAND DATE SIGNED 8-16-52

23. BURIAL, CREMATION, REMOVAL (Specify) Removal DATE THEREOF NAME OF CEMETERY OR CREMATORY Five Forks Church Cemetery LOCATION (City, town, or county) (State) South Bpston, Virginia

DATE REC'D BY LOCAL REGISTRAR 8/18/52 REGISTRAR'S SIGNATURE A.W.HEDRICH DMR.

24. FUNERAL DIRECTOR ADDRESS Arlington S. Phillips Funeral Home 1808 N. Monroe Street, Baltimore 17, Md.

SHIP TO: Jeffress & Foster Funeral Home, Main Street, South Boston, Virginia

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 940 Renfrew St.

3. NAME OF DECEASED (Type or Print): (First) EMELIE (Middle) CAROLINA (Last) EKR
4. DATE OF DEATH: (Month) August (Day) 26 (Year) 19 52

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Oct. 24, 1878
9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Czechoslovakia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Joseph J. Ekr, husband, above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Metastatic carcinoma, intra-

191.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) abdominal, origin undetermined — 2 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio-sclerotic cardio vascular disease unknown.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1, 1952 to Aug. 26, 1952, that I last saw the deceased alive on Aug. 25, 1952, and that death occurred at 6 30P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Joseph Ekr M D 423 Eastern Ave Balto. 21 42 8/29/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Aug. 29, 1952
NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery
LOCATION (City, town, or county) (State): Horner's Lane, Balto. Md.

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS: Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-115A

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Freeland; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto County-Lansdowne; STREET ADDRESS (If rural, give location) 3706 Helton Ave

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) W. (Last) Erbe

4. DATE OF DEATH: (Month) Aug. (Day) 8 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 6-24-1927

9. AGE: Last birthday 25 yrs. | If under 1 year: Months / Days | If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fireman

10b. KIND OF BUSINESS OR INDUSTRY: Penn R.R.

11. BIRTHPLACE (State or foreign country): Balto Co Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry F. Erbe

14. MOTHER'S MAIDEN NAME: Helen Ball

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes

16. SOCIAL SECURITY NO.: (If yes, give war or dates of service): 215-24-8154

17. INFORMANT AND ADDRESS: Helen Erbe 3706 Helton Ave Lansdowne

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Shotgun wound of face + neck — Instantaneous

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) .....

(c) .....

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Field (CITY OR TOWN) Freeland (COUNTY) Balto. (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☑ | HOW DID INJURY OCCUR? Shot with a shot gun

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐.*

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

T. M. Frame M.D. Parkton, Md 8/5/52

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial | DATE THEREOF 8-11-52 | NAME OF CEMETERY OR CREMATORY Meadowridge | LOCATION (City, town, or county) Howard Co. (State) Md

DATE REC'D BY LOCAL REG. August 9-1952 | REGISTRAR'S SIGNATURE R.W. | 24. FUNERAL DIRECTOR Elwood Taulson | ADDRESS 2309 Washington Blvd

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15.

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hotel Cliff near Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Villa Maria Greenarm Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hotel Cliff near Towson
STREET ADDRESS (If rural, give location) Greenarm Rd.

3. NAME OF DECEASED (Type or Print): (First) Sister (Middle) Mary Felicitas (Last) Falter

4. DATE OF DEATH: (Month) August (Day) 11 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jan. 10, 1867

9. AGE last birthday: 85 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher

10b. KIND OF BUSINESS OR INDUSTRY: Religious

11. BIRTHPLACE (State or foreign country): Pittsburgh Pa

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Falter

14. MOTHER'S MAIDEN NAME: Frances Baierwack

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Sr. Mary Clara Notch Cliff Greenarm Rd, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral hemorrhage	2 wks.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio vascular disease	10 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 24, 1952, to Aug 11, 1952, that I last saw the deceased alive on Aug 5, 1952, and that death occurred at 8:10 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

7501 York Rd.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 8-13-52 | NAME OF CEMETERY OR CREMATORY: Villa Maria Cem. | LOCATION (City, town, or county) (State): Notch Cliff near Towson Md

DATE REC'D BY LOCAL REG. 8/12/52 | REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: Charles L. Leiter | ADDRESS: 901 S. Courtney St Balto., 24, Md.

Former Address 2627 N. Calvert St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY B-ltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville; LENGTH OF STAY (in this place) 1 yr.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Augsburg Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville; STREET ADDRESS (If rural, give location) 6811 Campfield Rd.

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) E. (Last) Feldhaus

4. DATE OF DEATH: (Month) August (Day) 3, (Year) 52 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12/4/1888

9. AGE last birthday: 63 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Dietrick Bros.

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William E.

14. MOTHER'S MAIDEN NAME: Catherine Carstons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 219-12-8072

17. INFORMANT AND ADDRESS: Records Augsburg Home Campfield Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset and Death: 4 days

332X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Right sided spastic Paralysis — 57 years

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: No Operation

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1952 to Aug 3, 1952, that I last saw the deceased alive on Aug 3, 1952 and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED 8/4/52

Joshua H. Armacost M.D. 6419 Windsor Mill Rd Baltimore Md

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Aug. 6, 52 — NAME OF CEMETERY OR CREMATORY: St. Pauls Violetville — LOCATION (City, town, or county) (State): Md.

DATE RECD BY LOCAL REG. 8/5/52 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: Paul A. Heemann 6067 Harford Rd.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Wilson
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Wilson State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 19 E. Center Street

3. NAME OF DECEASED (Type or Print): (First) WILLARD (Middle) COLE (Last) FERGUSON
4. DATE OF DEATH: (Month) Aug. (Day) 1 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 2/18/1895
9. AGE last birthday: 57 yrs. If under 1 year: Months 5 Days 14 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hydraulic Pump Helper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Phila., Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ELIBA FERGUSON
14. MOTHER'S MAIDEN NAME: Jeanette (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 217-09-4141
17. INFORMANT AND ADDRESS: WILLARD FERGUSON

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis; far advanced — Approx. 2 yrs.

2X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: No operation
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/23/52, 19..., to 8/1, 1952, that I last saw the deceased alive on 8/1, 1952, and that death occurred at 9:30 P.m., from the causes and on the date stated above.

SIGNATURE: William Newcomer — (Degree or title) M.D., Supt. — ADDRESS Mt. Wilson, Md. — DATE SIGNED 8/1/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 8/6/52
NAME OF CEMETERY OR CREMATORY: Vernon Cemetery
LOCATION (City, town, or county) (State): White Hall, Maryland

DATE REC'D BY LOCAL REG. 8/1/52
REGISTRAR'S SIGNATURE: Helen R. Mayer
24. FUNERAL DIRECTOR: Wm. Cook., St. Paul & Preston Sts., Balto., Md. — ADDRESS

RECEIVED
8/7/ 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08275

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information fully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 17 N. Symington Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 17 N. Symington Ave.

3. NAME OF DECEASED (Type or Print): (First) Emily (Middle) Louise (Last) Forkel
4. DATE OF DEATH (Month) Aug. (Day) 2 (Year) 19 52

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Dec. 5, 1920
9. AGE last birthday 31 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY -
11. BIRTHPLACE (State or foreign country) Elmhurst, N. Y.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Wm. H. Schraeder
14. MOTHER'S MAIDEN NAME Emma J. Ebert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Rev. Frederick W. Forkel As. Above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Mammary Carcinoma

170X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ---

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION 7/50
19b. MAJOR FINDINGS OF OPERATION Carcinoma
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 19 52, to Aug 2, 19 52, that I last saw the deceased alive on July 25, 19 52, and that death occurred at ... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Louis Krause ADDRESS 11 E. Chase St DATE SIGNED Aug 2nd 52

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 8/4/52
NAME OF CEMETERY OR CREMATORY Flushing
LOCATION (City, town, or county) (State) Flushing, N. Y.

DATE REC'D BY LOCAL REG. 8/4/52
REGISTRAR'S SIGNATURE A. W. Roland
24. FUNERAL DIRECTOR Wm. J. Tubman & Son ADDRESS Inc. Dulaney Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 39

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. 415

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural - Monkton P.O. | LENGTH OF STAY (in this place) 7 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural - Monkton
STREET ADDRESS (If rural, give location) Carroll Road

3. NAME OF DECEASED (Type or Print): (First) Grace (Middle) May (Last) Fowler
4. DATE OF DEATH: (Month) August (Day) 15 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: May 20 1880
9. AGE last birthday: 72 yrs. | If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): cotton mill work
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Samuel Reed Alban
14. MOTHER'S MAIDEN NAME: Mary Elizabeth Stiffler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no. (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. Beulah Peacock, Phoenix, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral thrombosis & right hemiplegia — 8/12/52

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic cardio-vascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Poliomyelitis (Rt leg) - upper respiratory infection — 1884 - 1952

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1952, to August 15 1952., that I last saw the deceased alive on Aug. 14, 1952., and that death occurred at 6:30 a.m., from the causes and on the date stated above.

SIGNATURE: Elizabeth B. Shamell (Degree or title) M.D. ADDRESS: Cockeysville, Md. DATE SIGNED: 8/15/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Aug 18 1952 | NAME OF CEMETERY OR CREMATORY: St. Johns | LOCATION (City, town, or county) (State): Cockeysville, Balto Co. Md

DATE REC'D BY LOCAL REG. 8/16/52 | REGISTRAR'S SIGNATURE: M. Elizabeth Forsyth | 24. FUNERAL DIRECTOR: Landon M. Brooks | ADDRESS: Sparks, Md

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BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pikesville
LENGTH OF STAY (In this place): 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sudbrook Park

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pikesville
STREET ADDRESS (If rural, give location): Sudbrook Park

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) A. (Last) Gavin

4. DATE OF DEATH: (Month) Aug (Day) 17 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct 15 1864

9. AGE last birthday: 88 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ireland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Gavin

14. MOTHER'S MAIDEN NAME: Ellen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs John Gavin Sudbrook Park

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Arterio Sclerosis — Interval Between Onset and Death: ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible] Jun., 19....., to Aug 17, 1952, that I last saw the deceased alive on Aug 14, 1952, and that death occurred at 1145 A m., from the causes and on the date stated above.

SIGNATURE: E E Nichols (Degree or title): Md ADDRESS: Pikesville 8 Md DATE SIGNED: 8-18-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 8/19/52
NAME OF CEMETERY OR CREMATORY: New CAthedral Cemetery
LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG.: 8-18-52
REGISTRAR'S SIGNATURE: Dr E E Nichols
24. FUNERAL DIRECTOR: CHARLES F. EVANS & SON
ADDRESS: LL8 W. MT. Royal Ave.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 19
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md - COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex, 21
STREET ADDRESS (If rural, give location) 1125 Eastern Ave, Rd.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Franklin (Last) Wilson
4. DATE OF DEATH: (Month) 8 (Day) 30 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	White	married	6-3-1898	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
machinist	Can Mfgr.	England	U.S.A

13. FATHER'S NAME Samuel Wilson
14. MOTHER'S MAIDEN NAME Elanor Tashborne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	216-09-8006	Maryann Wilson 1125 Eastern ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of Lungs	4 mo
163X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 8/30/52, to 8/30/52, that I last saw the deceased alive on ..0.., and that death occurred at 2.30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Joseph Yacki M.D	423 Eastern Ave Balto 21 Md	9/1/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-3-52	Sacred Heart of Jesus	Balto. Co.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/2/52	H. C. Hedrick	C. L. Burgdorfer	1407 Eastern ave, Rd.

Duke

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (In this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp., Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 23 N. Montford Ave

3. NAME OF DECEASED (Type or Print): (First) LLOYD (Middle) L. (Last) GIFFORD

4. DATE OF DEATH: (Month) August (Day) 23, (Year) 52

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11/14/96

9. AGE Last birthday: 55 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plastering

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Hugh Gifford

14. MOTHER'S MAIDEN NAME: Emma Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 212-07-1483

17. INFORMANT: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CORONARY HEART DISEASE WITH FRESH MYOCARDIAL INFARCTION	Over 1 yr.
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Sudden
	(c)	

420.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: W. Mearns, M.D. (Degree or Title) Deputy Medical Examiner ADDRESS Balto. Co. Dundalk 22 Md DATE SIGNED 8/23/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8-26-52 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECD BY LOCAL REG. 8/25/52 — REGISTRAR'S SIGNATURE: A. W. Hahnke

24. FUNERAL DIRECTOR: Howard Blight Funeral Home, 6 — ADDRESS: 9 Harford Rd. Baltimore 14, Md.

Mildred T. Blight

Item 2 Film G150 2-4-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

08280 Reg. Dist. No.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 517~~528~~ days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE (Maryland) Mass. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) (Baltimore - #27) Boston
STREET ADDRESS (If rural give location) (2731 Alabama Avenue) (only visiting here)

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) T. (Last) GILLEN

4. DATE OF DEATH: (Month) August (Day) 10 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1/4/96

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Dorchester, Mass.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John J. Gillen

14. MOTHER'S MAIDEN NAME: Nora Kennedy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY No: Unknown

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) TUBERCULOSIS, CHRONIC, PULMONARY, FAR ADVANCED — Interval Between Onset And Death: 17 months plus

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO Active
(b) DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 12, 1951, to Aug. 10, 19 52, [redacted] and that death occurred at 6:45 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[redacted] Robert C. Bair M.D.		VAH, Fort Howard, Md.	August 10, 1952

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial		Calvary Cemetery	Boston, Mass.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-11-52	A. A. Hedrick Jnr.	Edward Toulson Funeral Home,	2359 Washington, Blvd., Baltimore 30, Md.

Item 18 & 21 Film G146 9-5-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (In this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Balto Co Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New York City; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 1569 Metropolitan Ave. N.Y. 62

3. NAME OF DECEASED (Type or Print): (First) DOROTHY (Middle) M. (Last) GRAMMEY
4. DATE OF DEATH: (Month) August (Day) 20, (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: May 9 1919
9. AGE last birthday: 33 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: own Home
11. BIRTHPLACE (State or foreign country): P.A
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edwin T Schmidt
14. MOTHER'S MAIDEN NAME: Martha A. Kipp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: H. Edward Grammey 1569 Metropolitan N.Y. 62 Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Craniocerebral injury

4824 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.): Street
(CITY OR TOWN) (COUNTY) (STATE): Taylor Avenue nr. th Balto. City Line
TIME OF INJURY (Month) (Day) (Year) (Hour): Found 8-20-52 12:33 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Multiple impacts to head

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
R S Fisher Chief Medical Examiner, 700 Fleet St., Balto. 29, Md. 8/20/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 8/22/52
NAME OF CEMETERY OR CREMATORY: Balto. Natl. Cem
LOCATION (City, town, or county): Balto.
(State): Md

DATE REC'D BY LOCAL REG. Aug. 21-1952
REGISTRAR'S SIGNATURE: Mrs A.L. Reginald
24. FUNERAL DIRECTOR: Lassahn Funeral Home
ADDRESS: 7401 Belair Rd

VS. A15A

AUG
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 301 W. Chesapeake Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 305 Colonial Court

3. NAME OF DECEASED (Type or Print): (First) WALTER (Middle) E. (Last) GREGG
4. DATE OF DEATH: (Month) Aug. (Day) 20 (Year) 19 52

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH: Jan. 21, 1887
9. AGE last birthday: 65 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman (rtd)
10b. KIND OF BUSINESS OR INDUSTRY: Wholesale Hardware
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: John Newton Gregg
14. MOTHER'S MAIDEN NAME: Cecilia Richardson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Towson, Md. Mr. James Griffin - 305 Colonial Ct

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4201

Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Arteriosclerosis Dis.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 4, 19 52, to Aug. 20, 19 52, that I last saw the deceased alive on August 20, 19 52, and that death occurred at 11:10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Chas. B. Carr Jr M.D. 6207 York Rd 8/21/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 8/22/52
NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 8/22/52
REGISTRAR'S SIGNATURE: Dan W. Kelly
24. FUNERAL DIRECTOR: Wm. J. Vickner & Sons
ADDRESS: Towson, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) 5 yrs 3 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 125 Cherrydale

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 125 Cherrydale.

3. NAME OF DECEASED (Type or Print): (First) EDITH (Middle) MARIE (Last) HANCOCK

4. DATE OF DEATH: (Month) Aug (Day) 4 (Year) 1952

5. SEX: Female.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan. 2, 1896

9. AGE last birthday: 56 yrs yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk - Candy

10b. KIND OF BUSINESS OR INDUSTRY: Westway Theatre

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Arthur V. Stehl

14. MOTHER'S MAIDEN NAME: Florence M. Kirkley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO. 216-32-0012

17. INFORMANT AND ADDRESS: 125 Cherrydell Rd Mr. Robert Hancock, Catonsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Artery Disease — Interval Between Onset and Death: 1 hr

420, 1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Varicose Veins. — 5 yrs

19a. DATE OF OPERATION: none.

19b. MAJOR FINDINGS OF OPERATION: none.

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. nt.
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: none. (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): none. m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? none.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: D.D. Caples (Degree or title) Deputy Med. Exam. M.D. ADDRESS: Reisterstown Md. DATE SIGNED: Aug 4 '52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Aug. 7, 1952
NAME OF CEMETERY OR CREMATORY: Druid Ridge Cemetery
LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REG. 8-6-52
REGISTRAR'S SIGNATURE: G.M. Hedrick
24. FUNERAL DIRECTOR: Miller & Amoroso
ADDRESS: 4510 Liberty Heights Ave.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beechleynolds (Rural) — LENGTH OF STAY (In this place) 38 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beechleynolds, Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) SARAH — (Middle) ELVERTA — (Last) HARE

4. DATE OF DEATH: (Month) Aug (Day) 4 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 3 1877

9. AGE last birthday: 76 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U S A

13. FATHER'S NAME: Daniel T Shearer

14. MOTHER'S MAIDEN NAME: Amanda Polk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Emory W Hare, Hampstead Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive Heart Failure	4 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio-Vasc Disease	20 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1935, to Aug 4, 1952, that I last saw the deceased alive on Aug 3, 1952, and that death occurred at 4:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Mamie Partridge M.D — HAMPSTEAD, MD — 8/4/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: aug 7-52 — NAME OF CEMETERY OR CREMATORY: St Peters — LOCATION (City, town, or county): Balto Co — (State): Md

DATE REC'D BY LOCAL REG.: 8-6-52 — REGISTRAR'S SIGNATURE: Mary B. Elvia — 24. FUNERAL DIRECTOR: Edel Clifton — ADDRESS: Hampstead Md

VS. A15-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 11 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The ... is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 33 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 317 Melvin Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 317 Melvin Ave.

3. NAME OF DECEASED (Type or Print): (First) George (Middle) H. (Last) Harris

4. DATE OF DEATH: (Month) Aug. (Day) 10, (Year) 1952

5. SEX: male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Aug. 10 1885

9. AGE last birthday (If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.): 67 yrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Contractor

11. BIRTHPLACE (State or foreign country): Pappahannock Va

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Henry Harris

14. MOTHER'S MAIDEN NAME: Fannie Mundy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): yes

16. SOCIAL SECURITY NO.

17. INFORMANT'S NAME AND ADDRESS: Mrs. Coleradine Hopkins 317 Melvin Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cancer of Prostate — Interval Between Onset and Death: 8 Months

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c)

1 1/2

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-1-52 19..., to 8-10-, 19 52, that I last saw the deceased alive on 8-10-, 19 52, and that death occurred at 4 A m., from the causes and on the date stated above.

SIGNATURE: Ed J Maloney (Degree or title) MD. ADDRESS 51 Winters Lane Catonsville DATE SIGNED 8/10/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Aug 13 1952 | NAME OF CEMETERY OR CREMATORY: Mt. Auburn | LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG.: 8-11-52 | REGISTRAR'S SIGNATURE: E. M. Hedrick | M.D. | 24. FUNERAL DIRECTOR: Funeral Home (ADDRESS): 1691 Druid Hill Ave

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

08286

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills | LENGTH OF STAY (In this place) transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS Reisterstown Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg
STREET ADDRESS (If rural, give location) Sandymount ✓

3. NAME OF DECEASED (Type or Print): (First) Howard (Middle) Emerson (Last) Harris, Jr.

4. DATE OF DEATH: (Month) Aug. (Day) 28 (Year) 1952

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: Jan. 25, '33 | 9. AGE last birthday: 19 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor
10b. KIND OF BUSINESS OR INDUSTRY: Black & Decker
11. BIRTHPLACE (State or foreign country): Upperco
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Howard E. Harris
14. MOTHER'S MAIDEN NAME: Helen Bosley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 217-28-5308
17. INFORMANT AND ADDRESS: Howard Harris, Sr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Broken neck	30 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fractured skull	30 min.
	(c)	

816.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Street (CITY OR TOWN): Owings Mills, (COUNTY): Balto., (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 8-28-'52-9P. m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Passenger car-truck collision

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Deputy Med. Examiner, D. D. Caples M.D. ADDRESS: Reisterstown, Md. DATE SIGNED: 8-29-'52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Aug. 31, 1952 | NAME OF CEMETERY OR CREMATORY: Sandymount | LOCATION (City, town, or county): Carroll County (State): Md.

DATE REC'D BY LOCAL REG.: 9-30-52 | REGISTRAR'S SIGNATURE: Mary B. Eline | 24. FUNERAL DIRECTOR: J. F. Eline & Sons, ADDR: Reisterstown,

VS. A15A

RECEIVED
SEP 2 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 64

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 438 N. Fremont Avenue

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) ALBERT (Last) HILL

4. DATE OF DEATH: (Month) August (Day) 4 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 5-5-1895

9. AGE last birthday: 57 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, [illegible]: Cook

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-18-9697

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause — (a) UNDIAGNOSED DISEASE OF NERVOUS SYSTEM — Interval Between Onset And Death: UNKNOWN

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) ARTERIOSCLEROSIS, GENERALIZED — UNKNOWN

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Aug. 1, 19 52, to Aug. 4, 19 52, [illegible] and that death occurred at 9:45 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title): Francis G Dickey
ADDRESS: FRANCIS G. DICKEY, M. D., Chief, Medical Service, VAH, Fort Howard, Maryland
DATE SIGNED: 8-4-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8/8/52 — NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cemet. — LOCATION (City, town, or county): Westport. — (State)

DATE REC'D BY LOCAL REGISTRAR: 8-5-52 — REGISTRAR'S SIGNATURE: [illegible] Hedrick

24. FUNERAL DIRECTOR: Adolphus Halstead — ADDRESS: 918 Druid Hill Avenue, Baltimore, Maryland

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1914 W. Pratt St ~~1826 W. Lombard St.~~

3. NAME OF DECEASED (Type or Print): (First) Gerald (Middle) R. (Last) Hipsley
4. DATE OF DEATH: (Month) 8- (Day) 18 (Year) 1952

5. SEX: MALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED OR DIVORCED (Specify): Married
8. DATE OF BIRTH: FEB 3-1903
9. AGE last birthday: 79 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): IRON WORKER
10b. KIND OF BUSINESS OR INDUSTRY: Beth Steel
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James E. Hipsley
14. MOTHER'S MAIDEN NAME: Anna May Crane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or Unknown) YES (If yes, give war or dates of service) WW 2
16. SOCIAL SECURITY No. 216-14-8197
17. INFORMANT: Hazel V. Hipsley 1914 W. Pratt St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Compound Comminuted Fracture — Interval between onset and death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Fx Skull - (Frontal, Parietal Occipital)
(c)

802.3

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Bethlehem Co. | (CITY OR TOWN) Sparrows Point | (COUNTY) Balto | (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 8-18-52 3PM m. | INJURY OCCURRED While at work ☒ Not while at work ☐ | HOW DID INJURY OCCUR? Fell 50 ft. from bar on which I was working

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: W. Evans M.D. (Degree or title) ADDRESS: Dundalk-Md. DATE SIGNED: 8/18/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 8-21-52 | NAME OF CEMETERY OR CREMATORY: Lorraine Park | LOCATION (City, town, or county): Woodlawn | (State): Md

DATE REC'D BY LOCAL REG. 8/22/52 | REGISTRAR'S SIGNATURE: H. W. Hedrick | 24. FUNERAL DIRECTOR: Hoff C & B.M. Walters | ADDRESS: Pratt & Stricker St

Dmk

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY BALTIMORE 19- MARYLAND
CITY (If outside corporate limits, write RURAL and) OR TOWN Sparrows Point | LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6702 NORTH PT. RD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EDGEMERE Sparrows Pt
STREET ADDRESS (If rural, give location) 6702 NORTH PT. RD

3. NAME OF DECEASED (Type or Print): (First) CAROLINE (Middle) J. (Last) HOGAN.

4. DATE OF DEATH: (Month) 8 (Day) 30 (Year) 52

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W.

8. DATE OF BIRTH: 3/28/86

9. AGE last birthday: 66 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): BALTIMORE MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: RINEHARDT RIRKEN.

14. MOTHER'S MAIDEN NAME: MARGARET WOLFFERMAN.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT, AND ADDRESS: MRS. R. WILLIAMS 6702 NORTH PT RD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Adenocarcinoma Uterus. — Interval Between Onset and Death: 9 months

174X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1951 to Aug., 1952, that I last saw the deceased alive on Aug 25, 1952, and that death occurred at 6:05 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Louis H. Tollin. M.D. 6908 North Point Rd (19) 8/30/52

23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)
Burial | 9/2/52 | OAKLAWN | BALTIMORE Co MD

DATE REC'D BY LOCAL REG. 9/2/52 | REGISTRAR'S SIGNATURE John Hedrick | 24. FUNERAL DIRECTOR ADDRESS: Edward F. Hyman 1639 Broadway

Dmge

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Catonsville; LENGTH OF STAY (in this place) 5 da.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; STREET ADDRESS (If rural give location) 118 Severn Av. V

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) S (Last) Hudak

4. DATE OF DEATH: (Month) Aug (Day) 4 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Oct 13, 1914

9. AGE last birthday: 37 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Naval Academy

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: August Hudak

14. MOTHER'S MAIDEN NAME: Mary Halajko

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) 1943-46

16. SOCIAL SECURITY NO.: 210-05-8276

17. INFORMANT & ADDRESS: Rewardo Spring Grove State Hosp. Catonsville 28 Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Central congestion & oedema

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO: Pulmonary congestion & oedema

(c) Delirium Tremens

Interval Between Onset And Death: 5 days. terminal prior to admission 5 days ago

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1952, to Aug 4, 1952, that I last saw the deceased alive on Aug 4, 1952, and that death occurred at 4:50 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Ethel B. Herrmann- Grem M.D. ADDRESS Spring Grove State Hosp Catonsville 28 Md DATE SIGNED 8/5/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 8/8/52; NAME OF CEMETERY OR CREMATORY; LOCATION (City, town, or county) Greenberg, Pa. (State)

DATE REC'D BY LOCAL REGISTRAR Burial 8/6/52; REGISTRAR'S SIGNATURE Albert E. Harry

24. FUNERAL DIRECTOR MacNabb & Son ADDRESS Catonsville 28 Md.

VS. A15

RECEIVED
AUG 9 1952
BUREAU F. S.

Items 8,9 FilmG146 9/4/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown; LENGTH OF STAY (In this place) 30; HOSPITAL OR INSTITUTION OR STREET ADDRESS 24 Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown; STREET ADDRESS (If rural, give location) 24 Main Street

3. NAME OF DECEASED (Type or Print): (First) Carroll; (Middle) V; (Last) Isennock

4. DATE OF DEATH: (Month) (Day) (Year) Aug 19, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 20, 1880

9. AGE last birthday: 78 ~~72~~ 73 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Worked in warehouse

10b. KIND OF BUSINESS OR INDUSTRY: at distillary

11. BIRTHPLACE (State or foreign country): Baltimore County

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Isennock

14. MOTHER'S MAIDEN NAME: Elizabeth Coe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 217-01-3884

17. INFORMANT AND ADDRESS: Emma L. Isennock, Reisterstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis. — Interval between onset and death: 1 hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Insufficiency — 1 wk.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): None

TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? None.

22. I hereby certify that I attended the deceased from 4-1, 1941, to 8-19, 1952, that I last saw the deceased alive on 8-19, 1952, and that death occurred at 6:15 P. m., from the causes and on the date stated above.

SIGNATURE: D. D. Eagles (Degree or title) M.D. ADDRESS: Reisterstown, Md. DATE SIGNED: 8-20-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: Aug. 22, 1952; NAME OF CEMETERY OR CREMATORY: Druid Ridge; LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REG. 8-21-52; REGISTRAR'S SIGNATURE: Mary D. Kline

24. FUNERAL DIRECTOR: J. F. Kline & Sons; ADDRESS: Reisterstown, Md.

AUG
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (19)

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND — CITY (If outside corporate limits, write RURAL) OR TOWN Catonsville — LENGTH OF STAY (in this place) 15 dys. — HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore — STREET ADDRESS (If rural give location) unknown

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Iwanch Ko (Last)

4. DATE OF DEATH: (Month) Aug (Day) 11 (Year) 19 52

5. SEX: male — 6. COLOR OR RACE: white — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single — 8. DATE OF BIRTH: Jy 15, 1900 — 9. AGE Last birthday 52 yrs. — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): merchant seaman — 10b. KIND OF BUSINESS OR INDUSTRY: Maritime — 11. BIRTHPLACE (State or foreign country): Poland — 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: unk. — 14. MOTHER'S MAIDEN NAME: unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unk (If Yes, give war or dates of service) — 16. SOCIAL SECURITY No.: unk. — 17. INFORMANT & ADDRESS: Seaman Passport # 47999 U.S.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized metastatic carcinoma DUE TO — Interval Between Onset And Death: unk.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Primary squamous cell carcinoma Left Lung Bronchus DUE TO — unk.
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 4-15-52 — 19b. MAJOR FINDINGS OF OPERATION: Squamous cell carcinoma Left Lung Bronchus with metastasis to hilar lymph nodes — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jy 28, 1952 to Aug 11, 1952, that I last saw the deceased alive on Aug 10, 1952, and that death occurred at 8:10 AM, from the causes and on the date stated above.

SIGNATURE Ethel B. Neumann-Kneuman M.D. (Degree or title) — ADDRESS Spring Grove State Hosp Catonsville 28, Md. — DATE SIGNED Aug 11, 52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Aug 14 52 — NAME OF CEMETERY OR CREMATORY New Cathedral — LOCATION (City, town, or county) Balto. Md. (State)

DATE REC'D BY LOCAL REGISTRAR 8-13-52 — REGISTRAR'S SIGNATURE A W Dulin

24. FUNERAL DIRECTOR Harry K. Nuttle — ADDRESS 4101 Edmondson ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]93

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 1030 Maldeis Street

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) M. (Last) JOHNSON

4. DATE OF DEATH: (Month) August (Day) 4 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6-8-96

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Boiler Maker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Perth Amboy, New Jersey

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Adrian Johnson

14. MOTHER'S MAIDEN NAME: Minnie Brown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY No.: 705-05-2112

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CEREBRAL THROMBOSIS WITH LEFT HEMIPLEGIA — Interval Between Onset And Death: 5 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) GENERALIZED ARTERIOSCLEROSIS — unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 30, 19 52, to Aug. 4, 19 52 and that death occurred at 7:30 P. M., from the causes and on the date stated above.
SIGNATURE (Degree or title) Francis G. Dickey ADDRESS FRANCIS G. DICKEY, M. D., Chief, Medical Service, VAH, Fort Howard, Maryland DATE SIGNED 8-5-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 8-7-52 NAME OF CEMETERY OR CREMATORY Baltimore National LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 8-6-52 REGISTRAR'S SIGNATURE C. A. Hedrick, Jr.

24. FUNERAL DIRECTOR ADDRESS Walters Funeral Home Pratt & Stricker Sts. Baltimore, Md.

VS. AE

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Balto. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carney
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carney
STREET ADDRESS (If rural, give location) 9310 Carney Rd

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Jos (Last) Kartivich

4. DATE OF DEATH: (Month) Aug (Day) 7 (Year) 1952

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 8-29-1897

9. AGE last birthday 54 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Fireman

10b. KIND OF BUSINESS OR INDUSTRY Balto City

11. BIRTHPLACE (State or foreign country) Balto Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Casimir Kartivich

14. MOTHER'S MAIDEN NAME Magdalene Brick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Anna R Kartivich 9310 Carney Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Heart disease, coronary occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Heart disease, vascular, Coronary Thrombosis	1946
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Rollin C. Hudson MD. D.M.E. Towson Md 8/7/52

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

8-9-52 St Stanislaus Balto Md

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS

8-8-52 A. H. Hedrick L J Kuck 5305 Harford Rd

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 15 ..... Cert. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 400 Hampler Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto
STREET ADDRESS (If rural, give location) 1538 N. Washington Sta

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) FRANCES (Last) KELLER

4. DATE OF DEATH: (Month) AUG (Day) 31 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Nov. 26-1887

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Balto., Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Steelberg

14. MOTHER'S MAIDEN NAME: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service)

17. INFORMANT & ADDRESS: Marion Reid - 400 Hampler Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Bronchopneumonia	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Cerebral Thrombosis	3 wks
	(c) DUE TO Essential hypertension	2 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/18, 19 52, to 8/31, 19 52, that I last saw the deceased alive on Aug 29, 19 52; and that death occurred at 10:45 P.m., from the causes and on the date stated above.

SIGNATURE Conrad L Rutter (DEGREE OR TITLE) M.D. ADDRESS 3128 Harford Rd DATE SIGNED 9/2/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Sept 3-52

NAME OF CEMETERY OR CREMATORY Oak Lawn

LOCATION (City, town, or county) (State) Balto Co. Md.

DATE REC'D BY LOCAL REG. 9/3/52

REGISTRAR'S SIGNATURE Ida Hedrick Jr

FUNERAL DIRECTOR John S. Connelly ADDRESS 418 Eastern Ave Balto 21, Md.

08971

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

SPRING GROVE STATE HOSP.

1. PLACE OF DEATH:
COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE
LENGTH OF STAY (in this place): 3 MONTHS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: SPRING GROVE STATE HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND COUNTY: ANNA ARUNDEL CO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL — ANNAPOLIS
STREET ADDRESS (If rural, give location): Route 2, Box 604

3. NAME OF DECEASED: (First) WILLIAM (Middle) S (Last) KIES

4. DATE OF DEATH: (Month) AUG (Day) 25 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: 2-6-1865

9. AGE last birthday: 87 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~Machinist~~ NAVY YARD

10b. KIND OF BUSINESS OR INDUSTRY: Machine Shop

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: GEORGE W. KIES

14. MOTHER'S MAIDEN NAME: JENNY BOYD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) UNK (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: DANIEL C. KIES 3018 MOSHER ST. - Balto. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
44 X Immediate cause	(a) CARDIAC FAILURE	4 WKS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) ARTERIOSCLEROTIC NEPHROSCLEROSIS	YRS.
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. SENILE PSYCHOSIS — 4 MONTHS

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY — M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 21, 1952, to AUG 25, 1952, that I last saw the deceased alive on Aug 25, 1952, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

SIGNATURE: Albert A Kurland (DEGREE OR TITLE) MD - Senior Psychiatrist ADDRESS Spring Grove State Hosp. DATE SIGNED Aug 25, 1952

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial — DATE THEREOF 8-28-1952 — NAME OF CEMETERY OR CREMATORY St. Margarets — LOCATION (City, town, or county) Anne Arundel (State) Md.

DATE REC'D BY LOCAL REG. August 27, 1952 — REGISTRAR'S SIGNATURE Victor E. Harvey — FUNERAL DIRECTOR John M. Taylor & Son — ADDRESS Annapolis, Md.

VS. A-8 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 08807

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 34 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 2475 Westport Street

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) M. (Last) KIPP

4. DATE OF DEATH: (Month) August (Day) 21 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11-8-82

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Painter Laborer Foreman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): York, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Kipp

14. MOTHER'S MAIDEN NAME: Barbara Ervin

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

Immediate cause (a) CARCINOMA OF LOWER LOBE, LEFT LUNG — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: UNKNOWN

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 8-14-52

19b. MAJOR FINDINGS OF OPERATION: Thoracotomy

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 18, 1952, to Aug. 21, 1952, and that death occurred at 9:15 A.M., from the causes and on the date stated above.

SIGNATURE: William B. Vandegrift, M. D. (Degree or title) — ADDRESS: VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 8-21-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 8/22/52 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: Vernon C. Lemmon Funeral Home, 4609-11 Park Heights Ave., Baltimore, Md.

VS. A15 M.S.I.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

V8-A15 8-51

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Overlea

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7156 Greenwood Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland COUNTY: Baltimore

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Overlea

STREET ADDRESS (If rural, give location): 7156 Greenwood Avenue

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) (Last) KLASH

4. DATE OF DEATH: (Month) August (Day) 24, (Year) 19 52

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: March 5, 1876

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Coal Miner

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Czechoslovakia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Klash

14. MOTHER'S MAIDEN NAME: Susan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 191-09-4615

17. INFORMANT & ADDRESS: Susan Utara, 7156 Greenwood Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

4/43X

Immediate cause (a) Hypertensive Cardiovascular Disease — INTERVAL BETWEEN ONSET AND DEATH: many years

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Arteriosclerosis, generalized — many yrs

DUE TO

(c) Senility

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-22, 19 52, to 8-24, 19 52, that I last saw the deceased alive on 8-23, 19 52, and that death occurred at 10 p.m., from the causes and on the date stated above.

SIGNATURE: Isaac R. English (DEGREE OR TITLE) M.D. ADDRESS: 5713 Belair Rd Balto 6 Md DATE SIGNED: 8-25-52

23. BURIAL, CREMATION, REMOVAL (Specify): removal

DATE THEREOF: 8/25/52

NAME OF CEMETERY OR CREMATORY: St. Peters Cemetery

LOCATION (City, town, or county) (State): Brownsville, Pennsylvania

DATE REC'D BY LOCAL REG.: 8/25/52

REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: Wm. Cook, Inc.

ADDRESS: 1217 St. Paul Street

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-14

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 33 Edmondson Ridge Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 33 Edmondson Ridge Rd.

3. NAME OF DECEASED (Type or Print): (First) ANNA (Middle) MAY (Last) KOONS
4. DATE OF DEATH: (Month) Aug. (Day) 28 (Year) 1952

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Nov. 10, 1871
9. AGE last birthday: 80 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Newcomer
14. MOTHER'S MAIDEN NAME: Lavina E. Leister

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Mr. Earle W. Koons - 415 Lyndhurst St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac insufficiency due to hypertensive arteriosclerotic cardio-vascular disease. — Interval between onset and death: Several yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

44 X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1, 1936, to Aug. 28, 1952, that I last saw the deceased alive on Aug. 28, 1952, and that death occurred at 5:00 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
George A Krupp MD. 4116 Edmondson Avenue Aug. 29, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 8/30/52
NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: 8/29/52
REGISTRAR'S SIGNATURE:
24. FUNERAL DIRECTOR: Wm. J. Pickner & Sons
ADDRESS: Balto 17, Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08308

Reg. Dist. No. 93

M

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea | LENGTH OF STAY (In this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 Virginia Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea
STREET ADDRESS (If rural, give location) 10 Virginia Ave

3. NAME OF DECEASED (Type or Print): (First) Conrad (Middle) H. (Last) Kreggenwinkel
4. DATE OF DEATH: (Month) Aug (Day) 4 (Year) 1952

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH: Oct 11 1890 | 9. AGE last birthday: 61 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Packing Clerk | 10b. KIND OF BUSINESS OR INDUSTRY: American Stores | 11. BIRTHPLACE (State or foreign country): Balto. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? | 14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. 212-07-0252 | 17. INFORMANT AND ADDRESS: Veronica E. Kreggenwinkel 10 Virginia Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Prostate — 7 mos

177X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: April 1952 | 19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Prostate | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 4, 1952, to Aug 4, 1952, that I last saw the deceased alive on Aug 4th, 1952, and that death occurred at 10:55 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Edward Brown M.D. W. Fredrick 8/4/52

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE Aug 7 1952 | NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem. | LOCATION (City, town, or county) 4430 Belair Rd (State) Md.

DATE REC'D BY LOCAL REG. 8/6/52 | REGISTRAR'S SIGNATURE C W Fredrick | 24. FUNERAL DIRECTOR Doppel Bro. | ADDRESS 7110 Belair Rd

VS. A10

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30 - 5 - 54

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-1

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Paradise Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltpo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 13 Cedarwood Rdl

3. NAME OF DECEASED (Type or Print): (First) EMMA (Middle) S. (Last) KROEGER

4. DATE OF DEATH: (Month) Aug. (Day) 31 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widow

8. DATE OF BIRTH: June 22, 1877

9. AGE last birthday: 75 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ---- Welch

14. MOTHER'S MAIDEN NAME: ------- Owens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. Carl Lorenz 13 Cedarwood Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic C.V.D

422.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1943, to Aug 31, 1952, that I last saw the deceased alive on Aug 30, 1952, and that death occurred at 12 30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M Mount M.D. 3525 Fredericks Ave 9/2/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 9-3-52 | NAME OF CEMETERY OR CREMATORY Catholic Cem. | LOCATION (City, town, or county) Balto. (State) Md.

DATE REC'D BY LOCAL REG. 9/2/52 | REGISTRAR'S SIGNATURE W E Harry

24. FUNERAL DIRECTOR ADDRESS George D. Farley Catonsville, Md.

SEP 4 1952

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information if possible. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bradshaw
LENGTH OF STAY In this place Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.,
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bradshaw
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Agnes (Middle) Mary Langrehr

4. DATE OF DEATH: (Month) Aug. (Day) 28, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 3, 1909

9. AGE last birthday: 43 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Bradshaw, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Herman Miller

14. MOTHER'S MAIDEN NAME: Anna Pulsford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: *

17. INFORMANT AND ADDRESS: Michael J. Langrehr, Bradshaw, Md.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	28 days.
443 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardiovascular Dis. Subacute Diffuse Nephritis	10 yrs. 1 yr.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1951, to Aug. 28, 1952, that I last saw the deceased alive on Aug. 28, 1952, and that death occurred at 10 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Clifford F. Hudson, M.D. ADDRESS Fork Md. DATE SIGNED 8/28/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 8/30/52

NAME OF CEMETERY OR CREMATORY: St. Stephens

LOCATION (City, town, or county) (State): Bradshaw, Balto., Md.

DATE REC'D BY LOCAL REG.: Aug 31 - 1952

REGISTRAR'S SIGNATURE: C. E. Arthur D. H. Reg.

24. FUNERAL DIRECTOR: Howard K. McComas & Son ADDRESS: Abingdon Md

RECEIVED
SEP 5
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Balto. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
LENGTH OF STAY (In this place) (In week)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 30 ft. W. Walnut Gore Rd

2. USUAL RESIDENCE (Home) OF DECEASED. STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex.
STREET ADDRESS (If rural, give location) 30 Warren Rd.

3. NAME OF DECEASED (Type or Print) (First) Leonard (Middle) Kenneth (Last) Long
4. DATE OF DEATH (Month) Aug. (Day) 8 (Year) 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Jan 4 1915	37 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
machinist	Ind. Drydock	West Virginia	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Leonard Long Sr.	Roena Pitzenbacker.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Lida Mould (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Asphyxiation & Carbon Monoxide	Minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gas poisoning (in auto)	
(c)	

E974.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home	(CITY OR TOWN) Essex	(COUNTY) Balto.	(STATE) Md
TIME OF INJURY (Month) 8 (Day) 7 (Year) 52 (Hour) 9 p.m.	INJURY OCCURRED While at work ☐ Not while at work ☑	HOW DID INJURY OCCUR? Exhaust of gas from auto		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. M. Garmine	M.D.	Balto. Co. Dundalk 22	8/8/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	8/8/52	End of Trail	White Sulphur Springs W.Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
		John D Connelly	Essex 21 md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-4TSA

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 318

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 188 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp., Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 3342 Dudley Avenue

3 NAME OF DECEASED: (Type or Print) (First) HOWARD (Middle) E. (Last) MADSEN

4. DATE OF DEATH: (Month) August (Day) 17 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-9-96

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Madsen

14. MOTHER'S MAIDEN NAME: Mary Ensor

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp.Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1926

Immediate cause (a) METASTATIC CARCINOMA OF BONES, PRIMARY SITE — Interval Between Onset And Death: 8 Months

DUE TO UNDETERMINED

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 3-6-52

19b. MAJOR FINDINGS OF OPERATION: Metastatic Carcinoma of left sixth rib

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb.11, 1952, to Aug.17, 1952, ~~[illegible]~~ the deceased ~~[illegible]~~ and that death occurred at 5:20 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) A.Polachek,M.D. A. Polachek M.D. ADDRESS VAH, FORT HOWARD, MD. DATE SIGNED 8-17-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 8/20/52 — NAME OF CEMETERY OR CREMATORY Baltimore National — LOCATION (City, town, or county) Baltimore, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 8/18/52 — REGISTRAR'S SIGNATURE [signature] — FUNERAL DIRECTOR William Cook, Inc. St.Paul & Preston Sts. Baltimore, Md. — ADDRESS

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: House in Pines 18 Fusting Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City
STREET ADDRESS (If rural, give location): Pine Orchard ✓

3. NAME OF DECEASED (Type or Print): (First) MARGARET (Middle) W. (Last) Mc COY

4. DATE OF DEATH: (Month) 8 (Day) 20 (Year) 52 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 5-18-1870

9. AGE last birthday: 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Annapolis, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Randolph Walton

14. MOTHER'S MAIDEN NAME: M. Marshall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Peter Reichardt, Ellicott City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Failure — Immediate

332X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c) Cerebral Thrombosis — 2 wks.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 7, 1952, to Aug 20, 1952, that I last saw the deceased alive on Aug 18, 1952, and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE: William F. Jarsaway — (Degree or title) M.D. — ADDRESS: Ellicott City, Md. — DATE SIGNED: 8/20/52.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8-22-52 — NAME OF CEMETERY OR CREMATORY: Good Shephard — LOCATION (City, town, or county) (State): Ellicott City, Md

DATE REC'D BY LOCAL REG.: 8/22/52 — REGISTRAR'S SIGNATURE: T. E. Harry

24. FUNERAL DIRECTOR — ADDRESS: F.C. Higinbothom, Ellicott City, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 2-3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 2337 E. Fayette Street

3. NAME OF DECEASED: (First) WILLARD (Middle) D. (Last) McCULLERS
4. DATE OF DEATH: (Month) August (Day) 27 (Year) 19 52

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: 1-28-96
9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY: unknown
11. BIRTHPLACE (State or foreign country): Clayton, N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Wd I
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death: Unknown

148X Immediate cause (a) Carcinoma of right oral pharynx

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 24, 19 52, to Aug. 27, 19 52, [illegible] and that death occurred at 2:15 P.M., from the causes and on the date stated above.

SIGNATURE: William B. VandeGrift
(Degree or title) M.D.
ADDRESS: VAH, FORT HOWARD, MD.
DATE SIGNED: 8/28/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 8-29-52
NAME OF CEMETERY OR CREMATORY: Baltimore National
LOCATION (City, town, or county): Baltimore, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR: August 30 1952
REGISTRAR'S SIGNATURE: R.W.
J g m rn

24. FUNERAL DIRECTOR: Howard Blight Funeral Home, 6009 Harford Rd.
ADDRESS: Balto. 14, Md.
Mildred T. Blight

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

U8307

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SPARROWS PT. 19
LENGTH OF STAY (in this place) 60 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 708 E. ST.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SPARROWS PT. (19)
STREET ADDRESS (If rural, give location) 708 E. ST.

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) HENRY (Last) McGEE

4. DATE OF DEATH: (Month) 8 (Day) 20 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: 8-24-1866

9. AGE last birthday: 85 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SHIP JOINER

10b. KIND OF BUSINESS OR INDUSTRY: SHIP CONSTR.

11. BIRTHPLACE (State or foreign country): CAROLINE CO. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: UNK.

14. MOTHER'S MAIDEN NAME: MARY WIGGINS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war, or dates of service) No

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 Immediate cause (a) Arterio-Sclerotic Heart Dis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 19 52 to Aug 20, 19 52, that I last saw the deceased alive on Aug 19, 19 52 and that death occurred at 9 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. H. Winston M. D. 520 D St. Spbo 19 8-21-52

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE THEREOF: 8-23-52

NAME OF CEMETERY OR CREMATORY: OAK LAWN

LOCATION (City, town, or county) (State): BALTO. CO., Md.

DATE REC'D BY LOCAL REG.: Aug 22 1952

REGISTRAR'S SIGNATURE: William M Kelly

24. FUNERAL DIRECTOR ADDRESS: Walter Burke Bradley, Sundale, Md

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AE 750

1. PLACE OF DEATH:
   COUNTY: Baltimore
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
   LENGTH OF STAY (in this place): 5 days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Maryland
   COUNTY:
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
   STREET ADDRESS (If rural give location): 1113 Sargent Street

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) S. (Last) MC LENDON

4. DATE OF DEATH: (Month) August (Day) 6 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 3-12-92

9. AGE Last birthday: 60 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Barber

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Sorptum, Georgia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Hardy McLendon

14. MOTHER'S MAIDEN NAME: Beth Ann Spivy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CIRRHOSIS OF LIVER — Interval Between Onset And Death: UNKNOWN

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1, 1952, to Aug. 6, 1952, ~~that I last saw the deceased~~ and that death occurred at 12:10 P. M., from the causes and on the date stated above.

SIGNATURE (Degree or title) William B. Vandegrift, M. D. ADDRESS VAH, FORT HOWARD, MARYLAND DATE SIGNED 8-7-52

23. BURIAL, CREMATION, REMOVAL (Specify) Removal DATE THEREOF 8-8-52 NAME OF CEMETERY OR CREMATORY Red Bluff Cemetery LOCATION (City, town, or county) Georgia (State)

DATE REC'D BY LOCAL REGISTRAR August 7-52 REGISTRAR'S SIGNATURE Dawson L. Harber

24. FUNERAL DIRECTOR Howard Blight Funeral Home ADDRESS 6009 Harford Rd, Baltimore, Md.

SHIP TO: Sammons Funeral Home, Eastman, Georgia

Mildred T. Blight

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BUREAU V.

Dr. Gpott

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Parkville MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Parkville
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore — LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1700 Orlando Road	STREET ADDRESS (If rural, give location) 1700 Orlando Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Attilio		Menin	Aug.	18	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	Married	Aug 26, 1882	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
cement finisher		Italy	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
?	?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	217-07-5365	Mrs. Amabile Menin, 1700 Orlando Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Metastatic carcinoma	
15 1/X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of stomach	6 mo.
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 2/12, 1952, to 8/18, 1952, that I last saw the deceased alive on 8/2, 1952 and that death occurred at 11:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Harold A. Gott, M.D.	8100 Harford Rd.	8/19/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-21-52	Moreland Mem. Park	Baltimore, Maryland

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	M. FUNERAL DIRECTOR	ADDRESS
8/21/52	A.W. Hedrick Deputy	Leonard J. Ruck	5305 Harford Road.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08310

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mount Wilson
LENGTH OF STAY (in this place) 6 yrs. 3 mos. 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Wilson State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cresaptown
STREET ADDRESS (If rural, give location) V

3. NAME OF DECEASED (Type or Print): (First) Dorothy (Middle) Virginia (Last) Metz
4. DATE OF DEATH: (Month) Aug. (Day) 6 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	SINGLE	July 29, 1929	23 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STUDENT
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Grantsville, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Howard Metz
14. MOTHER'S MAIDEN NAME: Cora Sweitzer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Dorothy Virginia Metz

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary tuberculosis; far advanced

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Empyema, tuberculous

(c)

INTERVAL BETWEEN ONSET AND DEATH: Approx. 6 years 7 mos.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: March 1950
19b. MAJOR FINDINGS OF OPERATION: Far advanced pulmonary tuberculosis
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 2, 1946, to Aug. 6, 1952, that I last saw the deceased alive on Aug. 6, 1952, and that death occurred at 10:10 A. m., from the causes and on the date stated above.

SIGNATURE: William Newcomer (Degree or title) Supt. ADDRESS: Mt. Wilson, Maryland DATE SIGNED: Aug. 6, 1952

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/9/52	New German Cemetery	Grantsville, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 6, 1952	Helen M. Oler	George Funeral Home	Cumberland, Md.

RECEIVED
13 11 1952
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: | LENGTH OF STAY (in this place): 3 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6943 German Hill Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 643 S. Curley Street

3. NAME OF DECEASED (Type or Print): (First) CATHERINE (Middle) (Last) CHMIELEWSKI - MILLER

4. DATE OF DEATH: (Month) August (Day) 19, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 30, 1900

9. AGE last birthday: 52 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Milanicz

14. MOTHER'S MAIDEN NAME: Agnes Glinska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: -

17. INFORMANT: Mr. Adam Chmielewski, 643 S. Curley Street

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary edema — 2 hrs

170X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Metastatic carcinoma
(c) Carcinoma left breast

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1952, to Aug., 1952, that I last saw the deceased alive on Aug 13, 1952, and that death occurred at 4:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles L. MacKinnon M.D. — ADDRESS: 2900 E Baltimore St. — DATE SIGNED: August 20, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 8/23/52 | NAME OF CEMETERY OR CREMATORY: St. Stanislaus | LOCATION (City, [illegible] County): Baltimore. (State): Maryland

DATE REC'D BY LOCAL REG.: 8/21/52 | REGISTRAR'S SIGNATURE: [signature] | 24. FUNERAL DIRECTOR: M.F. SADOWSKI & SONS, 1808 EASTERN AVENUE — ADDRESS: Charles D. Sadowski

VS. A1

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake Bay
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maurertown (RURAL)
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print): (First) Dewey (Middle) (Last) Miller
4. DATE OF DEATH: (Month) 8 (Day) 9 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: June 1899
9. AGE last birthday: 53 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maurertown Va.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: William Miller
14. MOTHER'S MAIDEN NAME: Mattie
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Joseph Shrum 4835 Orville Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Drowning.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) INJURY: River AT (CITY OR TOWN) Chesapeake Bay - 1½ Miles from Pt. Breeze (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): 8 9 52 7:30 ~~P.~~ A. m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Boat Overturned - Couldn't Swim.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: J. W. Fisher (Degree or title) MD ADDRESS 700 Fleet St DATE SIGNED 8/10/52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: Aug. 10, 1952
NAME OF CEMETERY OR CREMATORY: Woodstock Cem
LOCATION (City, town, or county) (State): Woodstock, Va.

DATE REC'D BY LOCAL REG.: August 10-1952
REGISTRAR'S SIGNATURE: William M Kelly
24. FUNERAL DIRECTOR: William Cook Son
ADDRESS: 1217 St. Paul St.

F.P.

RECEIVED
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BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4-3

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whitemarsh — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Phila Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whitemarsh
STREET ADDRESS (If rural, give location) Phila Rd.

3. NAME OF DECEASED (Type or Print): (First) James — (Middle) G — (Last) Mohr

4. DATE OF DEATH: (Month) Aug (Day) 11 (Year) 1952

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov 1, 1886

9. AGE last birthday: 65 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Champion Brick Co.

11. BIRTHPLACE (State or foreign country): Balto Co

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Fred Mohr

14. MOTHER'S MAIDEN NAME: Amelia Neumeister

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 219-18-9935A

17. INFORMANT: Mrs James Mohr Route 2 #373 D. Balto 6

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion, acute	Immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Arteriosclerotic Heart Disease	2 years
	(c)	

4200

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN): —

(COUNTY): —

(STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED: White at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from —, 19—, to Aug. 11, 19 52, that I last saw the deceased alive on —, 19—, and that death occurred at 12 30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Herbert Chernin, M.D

ADDRESS: Fuller Med. Group, Kirby Pl. Baltimore

DATE SIGNED: 8/11/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 8/14/52

NAME OF CEMETERY OR CREMATORY: Zion Lutheran Cem

LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG. Aug 12 '52

REGISTRAR'S SIGNATURE: Mrs A L Reforniler

24. FUNERAL DIRECTOR: Lanahan Funeral Home

ADDRESS: 7401 Belair Rd

RECEIVED
AUG 13 1952
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Baltimore — STATE MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Fort Howard

LENGTH OF STAY (in this place): 215 Days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Pennsylvania — COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Northumberland

STREET ADDRESS (If rural, give location): 552 Second Street ✓

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
GEORGE	B.	MORGAN	August	30	19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS Hours	Min.
MALE Male	White	Married	4-19-88	64 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Clerk		Northumberland, Pa.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William Morgan	Anie Stroh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
Yes	WW I	189-09-8782	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) TUBERCULOUS EMPYEMA, RIGHT THORAX:WIDE SPREAD	UNK.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) TUBERCULOSIS OF LYMPH NODES	UNK.
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
10-4-51 7-22-52	Exploratory Laparotomy Rt. Thoracotomy; Partial Decortication of Rt. Lung	Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 28, 1952, to Aug. 30 19 52, and that death occurred at 5:15 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) WILLIAM B. VANDEGRIFT, M.D. — ADDRESS VAH, FORT HOWARD, MARYLAND — DATE SIGNED 8-31-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial		Riverview Cemetery	Northumberland, Pa.

FILED BY LOCAL REG. AUG 31 1952 — REGISTRAR'S SIGNATURE: 4-3-52 David J. Farber, Huntington Williams, M.D.

24. FUNERAL DIRECTOR: R.L. Davis & Son per M.K. R.L. Davis & Son — ADDRESS: King & Water Sts., Northumberland, Pa.

COPY SENT TO LOCAL BOARD FROM FBI — DATE SEP. 8 1952

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
LENGTH OF STAY (in this place): 3 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
STREET ADDRESS (If rural, give location): 230 Rogers Forge Rd

3. NAME OF DECEASED (Type or Print): (First) Louisa (Middle) Minah (Last)

4. DATE OF DEATH: (Month) Aug. (Day) 30 (Year) 1953

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 9-1869

9. AGE last birthday: 83 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home wife

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: George Schwinn

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: George J. Dahle 230 Rogers Forge Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]

(c) [illegible]

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 19[illegible], that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE (Degree or title): [illegible] ADDRESS: [illegible] DATE SIGNED: [illegible]

23. BURIAL, CREMATION, REMOVAL (Specify): [illegible] DATE THEREOF: [illegible] NAME OF CEMETERY OR CREMATORY: [illegible] LOCATION (City, town, or county) (State): [illegible]

DATE REC'D BY LOCAL REG.: 11/2/53 REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: [illegible] ADDRESS: [illegible]

DMR

08316

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15-4

1. PLACE OF DEATH: COUNTY Baltimore County — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Register & Sherwood Av. ARIAC ST NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE NEW YORK — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New York City
STREET ADDRESS (If rural, give location) 324 W. 20th Street

3. NAME OF DECEASED (Type or Print): (First) ELLEN (Middle) LOUISE (Last) MUNSELL
4. DATE OF DEATH: (Month) Aug. (Day) 11, (Year) 1952
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH: Jan. 10, 1906
9. AGE last birthday: 46 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: JAMES DAWSON
14. MOTHER'S MAIDEN NAME: ELLEN PURDY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mr. Alexander Munsell-319 Register Av. Balto. 12, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinomatosis — Interval between onset and death: 8 mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma, head of pancreas — 1 year

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 26, 1952, to Aug 11, 1952, that I last saw the deceased alive on Aug 9, 1952, and that death occurred at 11:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Donald L. Somerville, M.D. — ADDRESS 25 W. Pa. Ave. Towson 4, Md. — DATE SIGNED 8/12/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF — NAME OF CEMETERY OR CREMATORY DRUID RIDGE — LOCATION (City, town, or county) BALTIMORE, MD. (State)

DATE REC'D BY LOCAL REG. 8-13-52 — REGISTRAR'S SIGNATURE G. W. Hedrick gmt. — 24. FUNERAL DIRECTOR H. SA DER[illegible] SON, Inc. — ADDRESS North & Broadway, Balto. Md. Sears & Sanders

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH COUNTY: Baltimore — MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Owings Mills LENGTH OF STAY (in this place): 15 yrs. 3 mo. HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rosewood State Tr. School	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md. COUNTY: Balto. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glyndon STREET ADDRESS (If rural, give location): Longnecker Road

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Virginia	Lucille	Newman	8	28	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	single	12-13-34	17 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
inmate	inmate	Richmond, Virginia	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Newman	Trula Virginia Newman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Institution records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Broncho- pneumonia- bilateral	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Inanition	since birth
	(c) Spastic quadriplegia	" "

471X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
	Renal Calculi

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 5-2, 19 52, to 8-28, 19 52 that I last saw the deceased alive on 8-28, 19 52, and that death occurred at 10:55 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Viola B. Johns	M.D.	Owings Mills, Md.	8-28-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 29, 1952	Rosewood Cemetery	Owings Mills, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-29-52	Mary B. Eline	J.F. Eline & Sons,	Reisterstown, Md.

SEP
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-415

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mount Wilson
LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mt. Wilson State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Park Hall
STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print): (First) Ann (Middle) Elizabeth (Last) Newton

4. DATE OF DEATH: (Month) Aug. (Day) 21 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: Oct. 7, 1923

9. AGE last birthday: 28 yrs. If under 1 year: Months 10 Days 14 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): St. Mary's County, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Walter Woodburn

14. MOTHER'S MAIDEN NAME: Clotilda Abell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Joseph D. Newton (Hus) Same Address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis; far advanced

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

INTERVAL BETWEEN ONSET AND DEATH: approx. 11 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: No operation

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

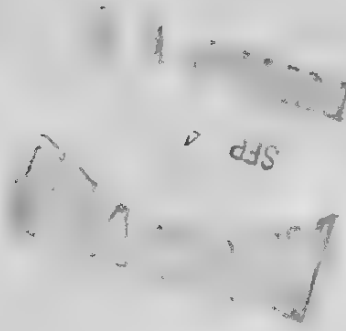
22. I hereby certify that I attended the deceased from Aug. 20, 1952, to Aug. 21, 1952, that I last saw the deceased alive on Aug. 21, 1952, and that death occurred at 10:10 A.m., from the causes and on the date stated above.

SIGNATURE: William Newcomer (Degree or title) M.D., Supt. ADDRESS: Mt. Wilson, Maryland DATE SIGNED: 8/21/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: August 25, '52
NAME OF CEMETERY OR CREMATORY: Leonardtown Cemetery
LOCATION (City, town, or county) (State): Leonardtown, Maryland

DATE REC'D BY LOCAL REG.: August 21, 1952
REGISTRAR'S SIGNATURE: Helen M. Abell

24. FUNERAL DIRECTOR: Wm. Mattingly, Leonardtown, Md. ADDRESS:



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 95

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 922 Groveland — LENGTH OF STAY (in this place) 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakleigh Road
STREET ADDRESS (If rural, give location) Randallstown Md

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) F. (Last) Pawlowski
4. DATE OF DEATH: (Month) August 4th (Day) (Year) 1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH: 1887
9. AGE last birthday: 65 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 218-07-7370
17. INFORMANT AND ADDRESS: Theresa Pawlowski 922 Groveland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uraemia — Interval between onset and death: 1 mo 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Diabetes Mellitus — 5 years
(c) albuminuria, 4+ — Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) A.M. P.M.
INJURY OCCURRED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 4th, 1952, to August 4th, 1952, that I last saw the deceased alive on August 4th, 1952, and that death occurred at 7:15 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[illegible] 8/9/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Aug 13, 1952
NAME OF CEMETERY OR CREMATORY: Holy Rosary
LOCATION (City, town, or county) (State): Balto. Co. Md.

DATE REC'D BY LOCAL REG.: 8/11/52
REGISTRAR'S SIGNATURE: A. W. Dedrick
24. FUNERAL DIRECTOR: William Cook
ADDRESS: 1217 St. Paul St.

JT

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY TOWSON — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 422 Oak Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Towson; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 422 Oak Lane

3. NAME OF DECEASED (Type or Print): (First) Florence (Middle) Virginia (Last) Phebus

4. DATE OF DEATH: (Month) Aug. (Day) 31 (Year) 19 52

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan. 8, 1880

9. AGE last birthday: 72 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Frederick, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frank Brookey

14. MOTHER'S MAIDEN NAME: May Chambers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mr. Gordon Phebus, 422 Oak Lane #4

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Ch. Myocarditis. — Interval Between Onset and Death: 6 years

443X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Ch. Hypertension.

(c) Arteriosclerosis.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1946, to Aug. 31, 1952, that I last saw the deceased alive on Aug. 30, 1952, and that death occurred at 1 0 9 m., from the causes and on the date stated above.

SIGNATURE J S Harding — (Degree or title) MD — ADDRESS 3805 Belair Rd — DATE SIGNED Sept 1/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 9/4/52 — NAME OF CEMETERY OR CREMATORY New Cathedral Cem. — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 9/2/52 — REGISTRAR'S SIGNATURE Dora Frederick — 24. FUNERAL DIRECTOR Leonard J. Ruck — ADDRESS 5305 Harford Road.

Dora

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr. Harding
3805 Belair Rd.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY Balto. — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] — LENGTH OF STAY (in this place)
   HOSPITAL OR INSTITUTION OR STREET ADDRESS 1 Fusting Ave. House in the Pines

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE Md. — COUNTY
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
   STREET ADDRESS (If rural, give location) 1e William St.

3. NAME OF DECEASED (Type or Print): (First) ANNE (Middle) C (Last) PLACE

4. DATE OF DEATH: (Month) Apr. (Day) 10, (Year) 19[illegible]

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W[illegible]

8. DATE OF BIRTH: July 27, 1[illegible]

9. AGE last birthday: [illegible] yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]

10b. KIND OF BUSINESS OR INDUSTRY: –

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME: Thomas Flynn

14. MOTHER'S MAIDEN NAME: Margaret Gibbons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): [illegible]

16. SOCIAL SECURITY NO.: [illegible]

17. INFORMANT AND ADDRESS: Mrs. Margaret Brown 916 William St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pneumonia	2 wks.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Cardiovascular Disease	5 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 4-22-1 — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to 8/10, 19[illegible], that I last saw the deceased alive on 8/9, 19[illegible], and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE: [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED 8/11/52

23. BURIAL, CREMATION, REMOVAL (Specify): [illegible] — DATE THEREOF: [illegible] — NAME OF CEMETERY OR CREMATORY: Glen Haven [illegible] — LOCATION (City, town, or county) (State): [illegible]

DATE REC'D BY LOCAL REG.: 8/12/52 — REGISTRAR'S SIGNATURE: A. W. Hedrick — 24. FUNERAL DIRECTOR: [illegible] — ADDRESS: [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 5 X 219

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-52

1. PLACE OF DEATH:

COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Fort Howard

LENGTH OF STAY (in this place) 6 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore

STREET ADDRESS (If rural, give location) 1305 W. Saratoga St.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
NATHAN	NMI	PLANTER	August 29 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Colored	Married	11-23-93	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer - Porter Hosiery Mills		Baltimore, Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
George Planter	Emiline (MN: Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes WW I	215-09-2784	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

163X

Immediate cause (a) CARCINOMA OF LUNG, RIGHT LOWER LOBE — Interval Between Onset and Death: Unknown

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) PARALYTIC ILEUS — Unknown

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 23, 19.52., to Aug. 29, 19 52 [redacted] that death occurred at 11:50 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

William B. VanDegrift, M.D. VAH, FORT HOWARD, MARYLAND 8/30/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 9-3-52 — NAME OF CEMETERY OR CREMATORY Baltimore National — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 9/2/52 — REGISTRAR'S SIGNATURE [signature] — 24. FUNERAL DIRECTOR Charles G. Cooper — ADDRESS 512 Carrollton Ave. Baltimore 23, Md.

DMK

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08323

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A16

1. PLACE OF DEATH: COUNTY Balto. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebbville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 7509 Flinty Plain Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebbville; STREET ADDRESS (If rural, give location) 7509 Flinty Plain Drive

3. NAME OF DECEASED (Type or Print): (First) VISTA (Middle) S. (Last) PLOWMAN

4. DATE OF DEATH: (Month) Aug. (Day) 15, (Year) 19 52

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): divorced

8. DATE OF BIRTH: Feb. 4, 1899

9. AGE last birthday: 53 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George T. Burch

14. MOTHER'S MAIDEN NAME: Jessie Swann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT AND ADDRESS: Mrs. Verley H. Fox-7509 Flinty Plain Drive Balto. 7, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Breast — Interval Between Onset and Death: 1 year

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) TB

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 19 52, to Aug. 15, 19 52, that I last saw the deceased alive on Aug. 15, 19 52, and that death occurred at 4:15 p.m., from the causes and on the date stated above.

SIGNATURE: Wm. J. Hahn (Degree or title) M.D. ADDRESS 5443 Paine Heights DATE SIGNED 8/17/52

23. BURIAL, CREMATION, REMOVAL (Specify): Entombment

DATE THEREOF: 8/18/52

NAME OF CEMETERY OR CREMATORY: Lorraine Mausoleum

LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REG.: August 16 1952

REGISTRAR'S SIGNATURE: R.W.C.

24. FUNERAL DIRECTOR: Wm. J. Vichner & Son ADDRESS: Balto 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: plate the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bird River Beach Rd + Pheasant Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) Bird River Beach Rd + Pheasant Rd

3. NAME OF DECEASED (Type or Print): (First) John (Middle) P. (Last) Porter
4. DATE OF DEATH: (Month) 8 (Day) 25 (Year) 1952

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Jan 30-1907
9. AGE last birthday: 45 yrs. — If under 1 year: Months; If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Farm
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Balto Co. Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Nicholas Porter
14. MOTHER'S MAIDEN NAME: Catherine Winkler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 218-14-7558
17. INFORMANT: Mrs J. P. Porter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 420.1	(b) Chronic Myocarditis	4 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) Home — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED
M Travis MD — Dep. Med. Exa. — Dundalk Md — 8/26/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 8/29/52 — NAME OF CEMETERY OR CREMATORY: Moreland Memorial Pk — LOCATION (City, town, or county): Balto — (State): Md

DATE REC'D BY LOCAL REG. Aug 26-'52 — REGISTRAR'S SIGNATURE: Edith Hurley — 24. FUNERAL DIRECTOR — ADDRESS: Fassalon Funeral Home 7401 Belair Rd

VS. A15A

SEP 2
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville, Md — LENGTH OF STAY (in this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home at the time

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 22 N. Rolfe Ct.

3. NAME OF DECEASED (Type or Print): (First) GARRETT (Middle) L. (Last) PRICE
4. DATE OF DEATH (Month) 8 (Day) 5 (Year) 52 19

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W
8. DATE OF BIRTH 11/17/75.
9. AGE last birthday 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Salesman
10b. KIND OF BUSINESS OR INDUSTRY House Furnishings
11. BIRTHPLACE (State or foreign country) Balto. MD
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Frank Summers Price
14. MOTHER'S MAIDEN NAME Laura Virginia Marshall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Raymond Wright Mountain View, Cal.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial degeneration
4483 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular disease
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/20, 19 52, to 8/5, 19 52, that I last saw the deceased alive on 8/1, 19 52, and that death occurred at 1:25 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 8, 1952
NAME OF CEMETERY OR CREMATORY Lorraine
LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE REC'D BY LOCAL REG. 8-8-52
REGISTRAR'S SIGNATURE A. W. Hedrick Asst.
24. FUNERAL DIRECTOR ADDRESS John O. Mitchell & Sons 1900 Eutaw Pl.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 526

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural: Towson
MARYLAND LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eudowood Sanatorium Towson, Maryland

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 14, Md.
STREET ADDRESS (If rural give location) 2311 Cloville Ave.

3. NAME OF DECEASED: (Type or Print) (First) Genevieve (Middle) Susan (Last) Price
4. DATE OF DEATH: (Month) Aug. (Day) 22 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
F	W	married	Jan. 1, 1907	45 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Donnelly
14. MOTHER'S MAIDEN NAME: Sophia Mengel NENGEL

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Personal [illegible]
Hospital Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X Immediate cause (a) DUE TO Carcinoma of Sigmoid & metastasis to pelvic organs — Interval Between Onset And Death: 11 mos.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
1002X (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary tuberculosis 2340z

19a. DATE OF OPERATION: 11-1951
19b. MAJOR FINDINGS OF OPERATION carcinoma of sigmoid
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/31/50, to 8/22/52, that I last saw the deceased alive on 8/22, 1952, and that death occurred at 1.30 PM from the causes and on the date stated above.
SIGNATURE (Degree or title) Milton B. Kress M.D. ADDRESS Eudowood Sanatorium - Towson, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/26/52	Dulaney Valley Memorial Gardens	Ruxton, Baltimore County, Md.

DATE REC'D BY LOCAL REGISTRAR 8-25
REGISTRAR'S SIGNATURE JT
24. FUNERAL DIRECTOR D. J. Foley & Sons ADDRESS 1318 Eutaw Pl.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Granite
LENGTH OF STAY (in this place) 77 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Granite
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) Martha (Last) Putney

4. DATE OF DEATH: (Month) (Day) (Year) August 2 1952

5. SEX: F.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 15 1874

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Wm Dunigan

14. MOTHER'S MAIDEN NAME: Elizabeth Berry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Oliver C. Putney - Granite, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
33IX
Immediate cause (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 1 week
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/25/52, 19..., to 8/2/52, 19..., that I last saw the deceased alive on 8/1/52, 19..., and that death occurred at ...m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Wm. E. Martin MD Randallstown Md 11/3/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 8-5-52
NAME OF CEMETERY OR CREMATORY Mt Olive
LOCATION (City, town, or county) (State) Randallstown, Md.

DATE REC'D BY LOCAL REG. Aug. 3, 52
REGISTRAR'S SIGNATURE Wm. E. Martin

24. FUNERAL DIRECTOR ADDRESS
Wm. Haight Reisterstown, Md.
Luther A. Haight

RECEIVED
OCT 20 1954
LIBRARY V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
MARYLAND LENGTH OF STAY (in this place): 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 3810 Pennington Avenue

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) A. (Last) RASPE

4. DATE OF DEATH: (Month) August (Day) 7 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Divorced

8. DATE OF BIRTH: 2-8-94

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, never if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Raspburg, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Raspe

14. MOTHER'S MAIDEN NAME: Margaret Ravadge

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Clin. Rec., Vet. Adm. Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARCINOMA OF HEAD OF PANCREAS — Interval Between Onset And Death: UNKNOWN

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b)

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 4-15-52

19b. MAJOR FINDINGS OF OPERATION: Cholecystojejunostomy with end-to-side enteroenterostomy

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 21, 19 52, to Aug. 7, 19 52, and that death occurred at 11:00 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title): WILLIAM B. VANDEGRIFT, M. D.

ADDRESS: VAH, FORT HOWARD, MD.

DATE SIGNED: 8-7-52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF: 8/11/52

NAME OF CEMETERY OR CREMATORY: Redmen Cemetery

LOCATION (City, town, or county) (State): Allendale, Delaware

DATE REC'D BY LOCAL REGISTRAR: 8-8-52

REGISTRAR'S SIGNATURE: A. A. Hedrick

24. FUNERAL DIRECTOR: John F. Denny, Inc., Light & Montgomery

ADDRESS: Baltimore, Maryland

M. D.

VS. A15

Dr. White

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information — fully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Parkville MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Parkville
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9919 Harford Road	STREET ADDRESS (If rural, give location) 9919 Harford Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charles	F.	Richards	Aug	18	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	married	Mar. 25, 1882	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
carpenter	—	Hampstead, Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Richards	Rebecca Algire

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	213-01-5051	Mrs. Elizabeth Richards, 9919 Harford

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
196X Immediate cause	(a) Osteogenic Sarcoma of Lumbar Vertebra	4 mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cachexia, Marked.	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
—	—	

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
— m.	—	—

22. I hereby certify that I attended the deceased from Oct. 1, 1951 to Aug 18, 1952, that I last saw the deceased alive on Aug 17, 1952, and that death occurred at 1:45 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Thomas E White M.D.		5214 Harford Rd Balto 14, Md.	18 Aug 52.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/21/52	Parkwood Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/21/52	Edw. Hebich	Leonard S. Tuck	5305 Harford Road.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millers Island | LENGTH OF STAY (In this place) Lost
HOSPITAL OR INSTITUTION OR STREET ADDRESS Our 68a

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 6559 St Helena Ave

3. NAME OF DECEASED (Type or Print): (First) Lucien (Middle) F (Last) Riff
4. DATE OF DEATH: (Month) Aug (Day) 23 (Year) 1952

5. SEX Male Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Aug 17 1894 | 9. AGE Last birthday 58 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist | 10b. KIND OF BUSINESS OR INDUSTRY Bethlehem Steel | 11. BIRTHPLACE (State or foreign country) Paris France | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Joseph Riff | 14. MOTHER'S MAIDEN NAME Don't Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service: Yes World I | 16. SOCIAL SECURITY NO. 213-07-0647 | 17. INFORMANT Mrs Edna Riff 6559 St Helena Ave

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Thrombosis	
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Edw. D. Dick, M.D. | 1 [illegible] Ave Dundalk 22 Md | 8/25/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Aug 26/52 | NAME OF CEMETERY OR CREMATORY Balto National | LOCATION (City, town, or county) Balto (State)

DATE REC'D BY LOCAL REG. 8/25/52 | REGISTRAR'S SIGNATURE A W Redding | 24. FUNERAL DIRECTOR Ulrich Funeral Home | ADDRESS 2112 Dundalk Ave

VS. ATBA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Carney - Rural Baltimore
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 9616 Harford Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Carney rural Baltimore
STREET ADDRESS (If rural, give location): 9616 Harford Rd.

3. NAME OF DECEASED (Type or Print): (First) FREDERICK (Middle) HARRY (Last) ROBINSON, SR.

4. DATE OF DEATH (Month) (Day) (Year): August 14, 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 29, 1885

9. AGE last birthday: 66 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Produce dealer

10b. KIND OF BUSINESS OR INDUSTRY: Own

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Robinson

14. MOTHER'S MAIDEN NAME: Anna ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. Earl Manser. 9616 Harford Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

162X **Immediate cause** (a) Bronchiogenic Carcinoma. — Interval Between Onset and Death: 4a Month

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1952, to Aug., 1952, that I last saw the deceased alive on Aug 14, 1952, and that death occurred at 1:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Harold H. Burns M.D. 115 E. Eager St Balti. Aug 15, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 8/19/52

NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 8/18/52

REGISTRAR'S SIGNATURE: Dud Reed

24. FUNERAL DIRECTOR: HARRY SAUPER & SONS, INC. BALTIMORE, MD.

ADDRESS: Eager & Fremont.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1 M 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) University Park
STREET ADDRESS (If rural give location) 4106 Tennyson Rd. ✓

3. NAME OF DECEASED: (Type or Print) (First) Jean (Middle) Muriel Ainslie (Last) Robinson

4. DATE OF DEATH: (Month) 8 (Day) 13 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 2-2-1895

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Canada

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Walter Ainslie

14. MOTHER'S MAIDEN NAME: Margaret Ann Gerden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary congestion & edema — Interval Between Onset And Death: 1 hr.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Cerebral congestion & edema — 1 hr.

DUE TO (c) Incarcerated inguinal hernia, right — 1 day

Fibrino purulent peritonitis — 12 hrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute chole cystitis, empyema of gall bladder, chole lithiasis — Unknown

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1952, to Aug. 13, 1952, that I last saw the deceased alive on Aug. 11, 1952 and that death occurred at 12:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Louis F. Woodward M.A. ADDRESS Spring Grove State Hosp. DATE SIGNED 8-13-52

23. BURIAL, CREMATION, REMOVAL (Specify) Removal

DATE THEREOF 8-13-52

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State) Bladenburg, Md.

DATE REC'D BY LOCAL REGISTRAR 8/13/52

REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR Francis Gasch Sons ADDRESS Hyattsville, Md.

VS. A15

RECEIVED
AUG 15 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 2304 W. Fayette Street

3. NAME OF DECEASED: (First) JOHN E. (Middle) ROGERS (ALSO FRED E. LEWIS) (Last)
4. DATE OF DEATH: (Month) August (Day) 2 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4-3-92
9. AGE Last birthday: 60 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Oil Burners
11. BIRTHPLACE (State or foreign country): Brooklyn, New York
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John E. Rogers.
14. MOTHER'S MAIDEN NAME: Millie Keene

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

420.1
Immediate cause — (a) CARDIAC FAILURE — SUDDEN
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) MYOCARDIAL INFARCTION — 2 WEEKS
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 28, 1952, to Aug. 2, 1952, and that death occurred at 2:35 A. M., from the causes and on the date stated above.
SIGNATURE (Degree or title): Irudah E. Gonzalez M.D.
ADDRESS: VAH, FORT HOWARD, MARYLAND
DATE SIGNED: 8-2-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 8-5-1952
NAME OF CEMETERY OR CREMATORY: Baltimore National
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: Aug 5-52
REGISTRAR'S SIGNATURE: Dawson L. Harbee

24. FUNERAL DIRECTOR: George L. Schwab Funeral Home
ADDRESS: 2101 Frederick Ave., Baltimore, Maryland

VS. A15

RECEIVED
7 1952
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 15 9-51

1. PLACE OF DEATH:

COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN) Catonsville

LENGTH OF STAY (in this place) 16 da.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY —

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore

STREET ADDRESS (If rural, give location) 1236 Mt. Royal Av.

3. NAME OF DECEASED: (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
	William		Purs, Jr.	Aug	15	1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	div.	unk.	45 (?) yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer unknown	unk.	unknown	unk.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
unknown	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
unk.	unk.	Records Spring Grove State Hosp. Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cardiac failure	1 da.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Pulmonary edema & hypo static congestion	1 da.
	DUE TO (c) Pulmonary Tumors	16 days

307.8

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from July 30, 1952, to Aug. 15, 1952, that I last saw the deceased alive on Aug. 15, 1952, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Edward B. Hermann-Greene MD	Spring Grove State Hosp Catonsville 28 Md	Aug 15/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	8/20/52	University Medical	Baltimore

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/20/52	V E Barry	Mrs Francis Hendy	578 W Biddle Street

RECEIVED
AUG 22 1952
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Box 24 nr. Edgemere
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Norris Lane

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS Route 22 (If rural, give location) Bx. 24 Norris Lane

3. NAME OF DECEASED (Type or Print): (First) KAZMER (Middle) (Last) Rutkowski

4. DATE OF DEATH: (Month) Aug. (Day) 4 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1865

9. AGE last birthday: 87 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Mr. - Rutkowski

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Joseph Rutkowski

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	URE MIA	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	ACUTE URINARY RETENTION	5 days
(c)	BENIGN HYPERTROPHY OF PROSTATE	—

61 X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1950, to Aug 4, 1952, that I last saw the deceased alive on Aug 2, 1952, and that death occurred at 8:15A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Stephen C. Mockonivk ADDRESS: M.D. 6714 Holabird Ave. DATE SIGNED: Aug 4, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Aug. 7, 1952
NAME OF CEMETERY OR CREMATORY: Sacred Heart Cmtry
LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: 8-6-52
REGISTRAR'S SIGNATURE: A. A. Hedrick
24. FUNERAL DIRECTOR: Walter Dabrowski ADDRESS:

VS. A-5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne Md
LENGTH OF STAY (in this place) 9 mths
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Md.
STREET ADDRESS (If rural, give location) 111 Laverne Ave

3. NAME OF DECEASED (Type or Print): (First) Virginia (Middle) Ann (Last) Satterfield
4. DATE OF DEATH: (Month) August (Day) 17 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Aug. 18-1875
9. AGE last birthday: 76 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): St. Louis Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Nelson
14. MOTHER'S MAIDEN NAME: Margaret Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs. Helen Gray Carter. Lansdowne Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart Failure — 3-4 wks.
420.1
Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Coronary occlusion — 12 wks.
(c) Arteriosclerotic CVD — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of the cervix — ?

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1952, to Aug. 17, 1952, that I last saw the deceased alive on Aug. 17, 1952, and that death occurred at 10 15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Herbert L. Lerickos M.D. 5305 East Drive 8/19/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE August 20/52 | NAME OF CEMETERY OR CREMATORY Baltimore Cemetery | LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. 8/20 52 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR George E. Schmidt | ADDRESS 2101 Frederick Ave

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08336

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto; STATE MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
   LENGTH OF STAY (in this place) 40 yrs
   HOSPITAL OR INSTITUTION OR STREET ADDRESS 8921 Grove Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Balto
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
   STREET ADDRESS (If rural give location) 8921 Grove Rd

3. NAME OF DECEASED (Type or Print): (First) Marion. (Middle) A. (Last) Schrenker

4. DATE OF DEATH: (Month) Aug (Day) 30 (Year) 1952

5. SEX: F.

6. COLOR OR RACE: Wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Nov 19-1892

9. AGE last birthday: 59 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: OWN Home

11. BIRTHPLACE (State or foreign country): Balto City Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Oscar Otto

14. MOTHER'S MAIDEN NAME: Annie Rausch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: Mr. John B. Schrenker 8921 Grove Rd #6

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Edema	6 hours
44X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-vascular Hypertensive Disease	10 years
	(c) Arteriosclerosis	16 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Nephritis	10 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 13, 1952 to AUGUST 30 1952, that I last saw the deceased alive on Aug 29, 1952, and that death occurred at 1 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Michael J. Rausch M.D. 4636 Belair Road 8/30/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 9/2/52

NAME OF CEMETERY OR CREMATORY: Parkwood Cem

LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG. Aug 31-52

REGISTRAR'S SIGNATURE: Mrs. G. L. Reifsnider

24. FUNERAL DIRECTOR: Lansdale Funeral Home

ADDRESS: 7401 Belair Rd

VS. A15

RECEIVED
SEP 3 1
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A18

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY ....
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 1623 Webster Street

3. NAME OF DECEASED: (Type or Print) (First) FERDINAND (Middle) (Last) SCHULTZ
4. DATE OF DEATH: (Month) August (Day) 18 (Year) 19 52

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 7-26-76
9. AGE last birthday: 76? yrs. IF UNDER 1 YEAR: Months ... Days ... IF UNDER 24 HRS.: Hours ... Min. ...

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Bar Tender - Tavern
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Ferdinand Schultz
14. MOTHER'S MAIDEN NAME: Margaret Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) SAW
16. SOCIAL SECURITY NO.: 215-10-0718
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) PNEUMONIA — Interval Between Onset And Death: 1 week
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) ARTERIOSCLEROTIC HEART DISEASE — unknown
DUE TO
(c)

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ... 19b. MAJOR FINDINGS OF OPERATION ... 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ... PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ... (CITY OR TOWN) ... (COUNTY) ... (STATE)

TIME OF INJURY (Month) ... (Day) ... (Year) ... (Hour) ... m. ... INJURY OCCURED While at Work ☐ Not While At Work ☐ ... HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 9, 19 52, to Aug. 18, 19 52, that I last saw the deceased alive on [illegible] and that death occurred at 1:30 A. M., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) FRANCIS G. DICKEY, M. D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. (ADDRESS) DATE SIGNED 8-18-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Aug. 21-52 — NAME OF CEMETERY OR CREMATORY Holy Cross Cemetery — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 8-19-52 — REGISTRAR'S SIGNATURE A. M. Hedrick Asst.

24. FUNERAL DIRECTOR Elizabeth Harle, Inc. — ADDRESS 115 E. West Street, Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age if especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

1

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus; LENGTH OF STAY (in this place) 2 mo.
   HOSPITAL OR INSTITUTION OR STREET ADDRESS 5522 Lark Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
   STREET ADDRESS (If rural give location) 5522 Lark Ave.

3. NAME OF DECEASED (Type or Print): (First) Indiana; (Middle) —; (Last) Schwartz

4. DATE OF DEATH: (Month) Aug; (Day) 5; (Year) 1952

5. SEX: Female

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Apr 10, 1876

9. AGE last birthday: 76 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown to informant

14. MOTHER'S MAIDEN NAME: unknown to informant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT: husband — Adam Schwartz

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral accident — Interval between onset and death: 24 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT (Specify) SUICIDE HOMICIDE None; PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY None; (CITY OR TOWN) None; (COUNTY); (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY None m.; INJURY OCCURRED While at Work ☐ Not While At Work ☐; HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from 2 Aug., 1952, to 5 Aug., 1952, that I last saw the deceased alive on 5 Aug., 1952, and that death occurred at 11 P. m., from the causes and on the date stated above.

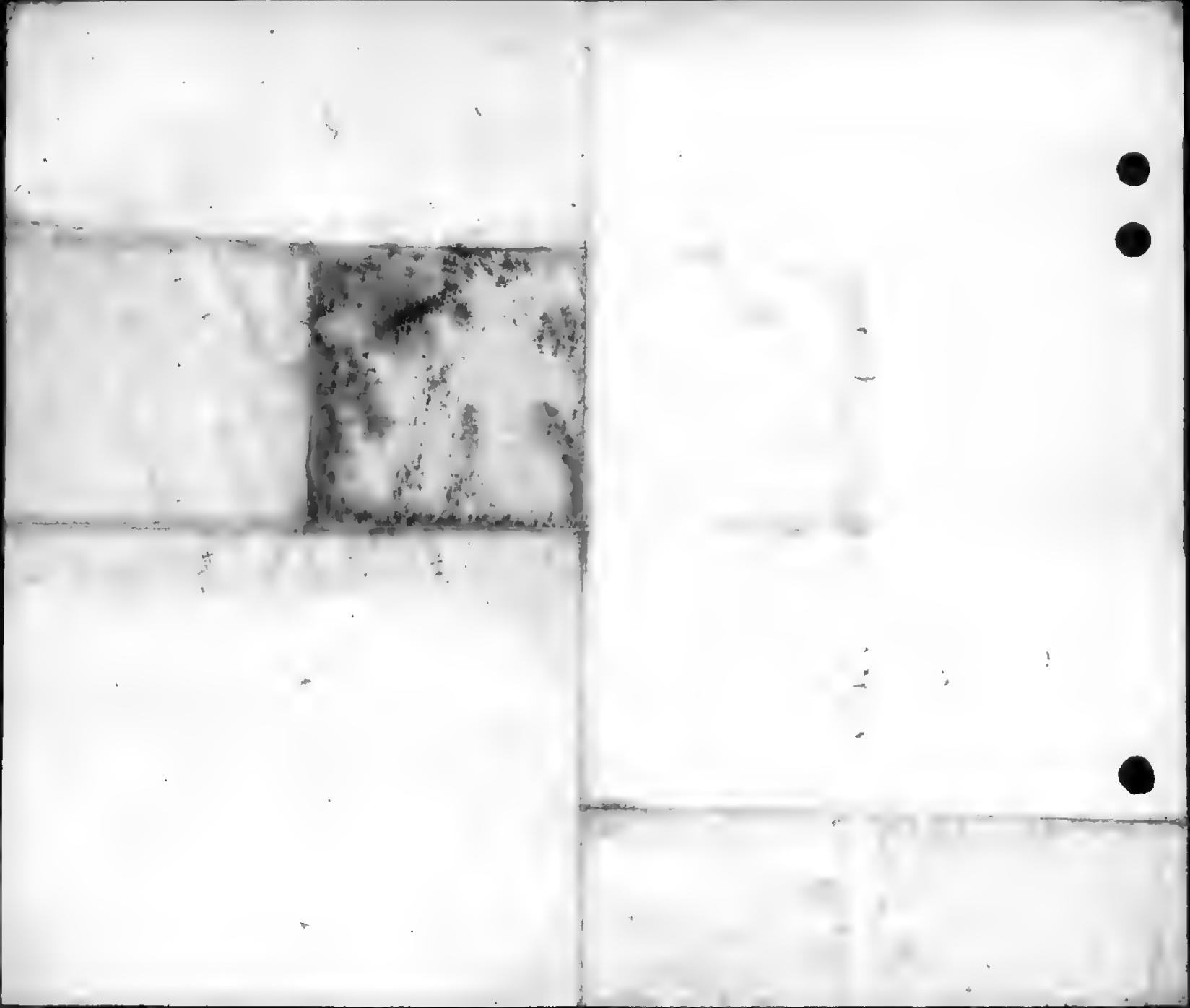
SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William Goodman, M.D. — 1334 Sulphur Spring Rd — 5 Aug 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE THEREOF Aug 8, 1952; NAME OF CEMETERY OR CREMATORY Western Cemetery; LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 8/7/52; REGISTRAR'S SIGNATURE H. D. Hedrick

24. FUNERAL DIRECTOR ADDRESS Joseph F. Limbrock Jr. 1328 Sulphur Spring Rd.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 1421 Clarkson Street

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Howard	S.	SCOTT	8	9	1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS: Hours	Min.
M	W	married	Oct. 1875	76 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY:	11 BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
retired Policeman	City of Balto.	Wicomico County Md	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Josef SCOTT	Olivia Barkley

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		none	Hospital record.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Bronchio. pneumonia	48 hrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Cardiac decompensation	Feb. 1952
	DUE TO (c) hypertensive cardiovascular disease	Unknown

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 5, 1948, to 8.9, 1952, that I last saw the deceased alive on 8.9, 1952, and that death occurred at 2.30 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Gertrude J. Fleischmann	M.D.	Spring Grove St. Hospital	8.9.52.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 13, 1952	Mt. Carmel	O'Donnell St. Balto. Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/12/52	a W Rehmeyer	KRAUSE FUNERAL HOME	1216 S. Charles St. Balto. 30 Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Greenspring Ave. & Caves Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills, Md.; STREET ADDRESS (If rural, give location) Greenspring Ave. & Caves Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
John	Richard	Scott	Aug. 2, 1952 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	Feb. 11, 1879	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Farmer self employed		Baltimore Co.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Scott	Rebecca Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	none	Penelope Scott, Owings Mills, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Suicide by Carbon Monoxide Poisoning	2 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

9173.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	none	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Wagon Shed (farm)	Owings Mills	Baltimore	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
8-2-52 8:30A m.		Deceased ran piece of garden hose up exhaust of car & in rt. rear window, started motor & let it run.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide , undetermined ☐.*

SIGNATURE	(Degree or title) ADDRESS	DATE SIGNED
J. D. Caples	Deputy Med. Exam., M.D. Reisterstown, Md.	Aug 2 '52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 4, 1952	Carroll's Chapel	Baltimore Co.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
8-3-52	Mary B. Eline	J. F. Eline & Sons, Reisterstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 11 1952
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Joppa. Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) 6613. Belair Rd

3. NAME OF DECEASED (Type or Print): (First) George (Middle) (Last) Seifried
4. DATE OF DEATH: (Month) Aug (Day) 12 (Year) 1952

5. SEX: M. — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed — 8. DATE OF BIRTH: Sept. 15. 1880 — 9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Farm — 10b. KIND OF BUSINESS OR INDUSTRY: OWN. Farm — 11. BIRTHPLACE (State or foreign country): Balto. Co. Md — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME — — 14. MOTHER'S MAIDEN NAME —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. NONE
17. INFORMANT Mr. Henry Seifried 6627. Belair Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 19 52, to Aug 17 1952, that I last saw the deceased alive on Aug 17 1952, and that death occurred at 11 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Frank W. Baker Jr. M.D.	1028 Tunbridge Rd	8/13/52

23. BURIAL, CREMATION REMOVAL, (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/16/52	St. Joseph's Cem	Balto. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-14-52	H. W. Hedrick	Loradun Funeral Home	7401 Belair Rd

1028
Tunbridge Rd.
~~Tunbridge~~

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

08342

Reg. Dist. No. ...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 39 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Preston
STREET ADDRESS (If rural give location): RFD 2, Box 152

3. NAME OF DECEASED (Type or Print): (First) ARTHUR (Middle) J. (Last) SHARP

4. DATE OF DEATH: (Month) August (Day) 18 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5-18-96

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Caroline Co., Preston, Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John F. Sharp

14. MOTHER'S MAIDEN NAME: Susie A. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) SCLERODERMA — Interval Between Onset And Death: UNKNOWN

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last. (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1952, to Aug. 18, 1952, and that death occurred at 10:55 A. M., from the causes and on the date stated above.

WILLIAM B. VANDEWIFT, M. D. (Degree or title) — VAH, FORT HOWARD, MARYLAND (ADDRESS) — DATE SIGNED: 8-19-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 8-23-52

NAME OF CEMETERY OR CREMATORY: Preston Cemetery

LOCATION (City, town, or county) (State): Caroline Co., Maryland

DATE REC'D BY LOCAL REGISTRAR: 8-19-52

REGISTRAR'S SIGNATURE: A. A. Fedrick

24. FUNERAL DIRECTOR ADDRESS: Stevenson Funeral Home, Dover, Delaware

Philip Henry Sons

VS. AH 7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1 8-52

1. PLACE OF DEATH:

COUNTY of Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Towson

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eudowood Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Balto. City

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN

STREET ADDRESS (If rural, give location): 827 N Latrobe St. ✓

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Sian	Ella	Slaughter	9	30	1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F.	Colored		Dec 4, 1941	10 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
—	—	Balto. City, Md	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Slaughter	Elsie Montague

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS: Personal History Hospital Records - Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	2 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Nov 26, 1952, to Aug 30, 1952, that I last saw the deceased alive on Aug 30, 1952, and that death occurred at 1:45 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

a M Finkelstein M.D. — M.D.-Eudowood Sanatorium-Towson, 4, Md.

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-4-52	Mt. Auburn	Balto. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/3/52	Wm. H. Redwood	Wm. A. Jackson	916 Penna ave

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 5-17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5 Smith Lane

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural, give location): 5 Smith Lane

3. NAME OF DECEASED (Type or Print): (First) Gideon (Middle) S. (Last) Smith

4. DATE OF DEATH (Month) (Day) (Year): August 7, 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 11, 1882

9. AGE last birthday: 69 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fireman

10b. KIND OF BUSINESS OR INDUSTRY: Balto. Co. FD.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Albert Smith

14. MOTHER'S MAIDEN NAME: Mary Sunderland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mrs. Mary Smith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebro Vascular Accident

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/15, 1952 to 8/7, 1952, that I last saw the deceased alive on 8/7, 1952, and that death occurred at 6:00 P.M., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS: 1105 Frederick Rd. DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 8-9-52

NAME OF CEMETERY OR CREMATORY: Lorraine Park

LOCATION (City, town, or county) (State): Balto. Co.

DATE REC'D BY LOCAL REG.: 8/9/52

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: MacNabb and Son ADDRESS:

RECEIVED
AUG
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

** MARGIN RESERVED FOR BINDING 9/10/52

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 3 wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Upper Marlboro
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Herbert (Middle) S. (Last) Smith

4. DATE OF DEATH: (Month) Aug. (Day) 14 (Year) 1952

5. SEX: m

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): div.

8. DATE OF BIRTH: 8/21/1906

9. AGE last birthday: 46 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Tenant Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James W. Smith

14. MOTHER'S MAIDEN NAME: Josephine Windsor

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) -
(If Yes, give war or dates of service) -

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.2

Immediate cause (a) Passive Congestion of Lung 360-522 — Interval Between Onset And Death: 1 day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Cardiac Insufficiency - cause unknown — 2 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Organic Psychosis due to unknown cause — 1 mo.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/24, 1952, to 8/14, 1952, that I last saw the deceased alive on Aug. 14, 1952, and that death occurred at 7:15 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
XXXX
XXXX
XXXX Frederick L. Phillips, M.D. Spring Grove Hosp., Balto, Md. Aug. 14, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 8/18/52
NAME OF CEMETERY OR CREMATORY: Mt. Carmel Cem.
LOCATION (City, town, or county) (State): Upper Marlboro, Md.

DATE REC'D BY LOCAL REGISTRAR: Aug. 15, 1952
REGISTRAR'S SIGNATURE: Victor E. Harry

24. FUNERAL DIRECTOR ADDRESS: Ritchie Bros., Upper Marboro, Md.

REPLACEME"T CERT. FILM G 146 9/16/52 whv

SEP 16 1952

Dr. Harbold

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

(18346

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH
COUNTY Parkville MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3636 Parktowne Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2327 Foster Avenue

3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) A. (Last) Smith

4. DATE OF DEATH (Month) August (Day) 10 (Year) 19 52

5. SEX female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH June 23, 1870

9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Henry Erbe

14. MOTHER'S MAIDEN NAME Natalia Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mr. Charles A. Smith, 2327 Foster Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute coronary thrombosis — 20 minutes

120./ Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Malignant hypertension & Arteriosclerosis
(c) Dilated varicose veins (same) legs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hepatitis; chr. hypertrophic arthritis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 28, 1948, to Aug. 10, 1952, that I last saw the deceased alive on Aug. 8, 1952, and that death occurred at 4:05 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. V. Harbold M.D. 4706 Harford Road-14 Aug 11, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 8/13/52

NAME OF CEMETERY OR CREMATORY Parkwood Cemetery

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 8-11-52

REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR ADDRESS

Edward J. Ruck, 5305 Harfordroad.

VS. AN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

347

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RASPEBURG-P.O. — LENGTH OF STAY (In this place) 10 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS BUCKS SCHOOL HOUSE ROAD RFD 2 - BOX 420

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RASPEBURG POST OFFICE
STREET ADDRESS (If rural, give location) BUCKS SCHOOL HOUSE Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
LANEY	VERA	SNYDER	August 12 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F.	W.	SINGLE	6-1-34	18 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
STUDENT	— —	PENNA	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
RALPH A. SNYDER	MARGIE LOUGHEED

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
NO NO	219-28-3879	RALPH A. SNYDER - FATHER - SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Subacute bacterial endocarditis	
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Former Rheumatic Fever - Mitral Stenosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes X No

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. Bonham	MD	700 E Lee St	8/12/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
CREMATION	8-14-52	GREEN MOUNT	BALTIMORE, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 14-1952	William M. Kelly	Walter Rucker Dudley, Dundalk	Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 15
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 5yrs.1mos.24das
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): (Baltimore City Hospital)

3. NAME OF DECEASED: (First) Solati, (Soldatik), (Middle) Mike (Michael), (Last)

4. DATE OF DEATH: (Month) August (Day) 25, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 4-25-1876

9. AGE last birthday: 76 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seaman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Austria

12. CITIZEN OF WHAT COUNTRY? Unknown

13. FATHER'S NAME: Frank Solati (Soldatik)

14. MOTHER'S MAIDEN NAME: Johanna

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Spring Grove State Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Acute cardiac failure	5 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerotic heart disease	Years
	DUE TO (c) Generalized arteriosclerosis	Years

420.0

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile arteriosclerotic nephrosclerosis — Years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-19-, 1952, to 8-25-, 1952, that I last saw the deceased alive on 8-25-, 1952, and that death occurred at 9:55 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Ethel B. Hermann-Green MD

ADDRESS Spring Grove State Hospital Catonsville 28, Maryland

DATE SIGNED 8-26-52

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation

DATE THEREOF 8/27/52

NAME OF CEMETERY OR CREMATORY University Md School

LOCATION (City or town) Balt City (County) (State) Md

DATE RECD BY LOCAL REG. 8/27/52

REGISTRAR'S SIGNATURE V.E. Harris

24. FUNERAL DIRECTOR James A Hemby

ADDRESS 578 W Biddle St

RECEIVED
AUG 28 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS A16

1. PLACE OF DEATH: COUNTY Balto. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 17 S. Belle Grove Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; STREET ADDRESS (If rural, give location) 17 S. Belle Grove Rd.

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) W. (Last) SPITTEL

4. DATE OF DEATH: (Month) Aug. (Day) 22 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Mar. 13, 1887

9. AGE last birthday: 65 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10b. KIND OF BUSINESS OR INDUSTRY: Aircraft

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Spittel

14. MOTHER'S MAIDEN NAME: Katherine Kiel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Harry W. Spittel 17 Belle Grov

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) MYOCARDITIS CORONARY OCCLUSION. — Interval Between Onset and Death: 4 yrs

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ; (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION: 0

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): 0

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: 0 (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): 0 m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? 0

22. I hereby certify that I attended the deceased from May, 1948, to Aug. 22, 1952, that I last saw the deceased alive on Aug. 21, 1952, and that death occurred at 10:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

S. Lloyd Johnson M.D. Catonsville 8/23/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 8-26-52 — NAME OF CEMETERY OR CREMATORY: Loudon Park Cem — LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: 8/25/52 — REGISTRAR'S SIGNATURE: W. E. Harry

24. FUNERAL DIRECTOR — ADDRESS: Geo. A. Farley Catonsville, Md.

AUG 26 1952
BUREAU V. S.

#679

Item 2 Ivy Hall Home by Phone 9-8-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

(0550)

CERTIFICATE OF DEATH

Reg. Dist. No.....

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

T

VS. A15

1. PLACE OF DEATH: COUNTY Ivy Hall Nursing Home MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex Md. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ivy Hall Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY Ivy Hall Nursing Home
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 19 Harrison Ave Essex Md. Balto
STREET ADDRESS 2746 E. [illegible] (If rural, give location) 19 Harrison Ave Essex, Md.

3. NAME OF DECEASED (Type or Print): (First) Anthony (Middle) J. (Last) Stahl

4. DATE OF DEATH: (Month) August (Day) 28 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 22 1870

9. AGE last birthday: 81 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel

11. BIRTHPLACE (State or foreign country): Co. Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-10-0115

17. INFORMANT: Mrs. Genevie Pruscolini

18. MEDICAL CERTIFICATION 2746 E. Balto, St Balto 24 Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Edema	Aug 25 1952
122.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocarditis	
	(c) Arteri-sclerosis	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 25, 1952, to Aug 28, 1952, that I last saw the deceased alive on Aug 28, 1952, and that death occurred at 12:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Edward J. Beetman MD | ADDRESS 3 Reg Beach Rd | DATE SIGNED Aug 29-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Aug 30, 1952 | NAME OF CEMETERY OR CREMATORY Schwartz | LOCATION (City, town, or county) (State) ODonnell St Balto. Md

DATE REC'D BY LOCAL REG. Aug. 30 1952 | REGISTRAR'S SIGNATURE R.W. | 24. FUNERAL DIRECTOR John A. Moran | ADDRESS 3000 E. Baltimore St

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

51

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Eccleston; LENGTH OF STAY (In this place): Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Park Heights Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Eccleston; STREET ADDRESS (If rural, give location): Park Heights Avenue

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Morton (Last) Stewart III

4. DATE OF DEATH: (Month) Aug. (Day) 4 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Jan. 21, '33

9. AGE last birthday: 19 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY: Education

11. BIRTHPLACE (State or foreign country): Baltimore City, Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles Morton Stewart, Jr.

14. MOTHER'S MAIDEN NAME: Lillie VanLeuven

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: 219-28-5332

17. INFORMANT AND ADDRESS: Mr. C. Morton Stewart, Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fracture of both tibias and both fibulas, — Interval Between Onset and Death: 10 mins.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) femur, left humerous, mandible &

(c) crushed chest

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Highway (CITY OR TOWN): Eccleston (COUNTY): Balto. (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Aug. 4 '52 1Am. INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR?: Struck a tree with his car

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: D.D. Caples (Degree or title): Deputy Med. Exam. M.D. ADDRESS: Reisterstown, Md. DATE SIGNED: 8-4-'52

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: Aug. 5, 1952; NAME OF CEMETERY OR CREMATORY: St. Thomas; LOCATION (City, town, or county) (State): Garrison Forest Rd.

DATE REC'D BY LOCAL REG.: 8-5-52; REGISTRAR'S SIGNATURE: A. W. Hedrick Asst.; 24. FUNERAL DIRECTOR: H. Watkins & Sons Co. ADDRESS: 4905 York Rd Balto Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06552

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Spam Pt — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Carmel Manor Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
STREET ADDRESS (If rural, give location) 7423 Bay Front

3. NAME OF DECEASED (Type or Print): (First) Theresa (Middle) (Last) Stypcich

4. DATE OF DEATH: (Month) 8 (Day) 9 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Mar 13 18[illegible]

9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Austria

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Louis Speelman

14. MOTHER'S MAIDEN NAME: Dont Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mr Wm Dirks 2001 Sparrows Point

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Heart disease — ? 10 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Bronchial Asthma

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 6, 1952, to Aug 9, 1952, that I last saw the deceased alive on Aug 8, 1952, and that death occurred at 1 [illegible] a.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS: 520 D St. DATE SIGNED: Sept 19 1952 8-10-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug 11/52 — NAME OF CEMETERY OR CREMATORY: Md Carmel — LOCATION (City, town, or county) (State): Balto

DATE REC'D BY LOCAL REG.: Aug 10-1952 — REGISTRAR'S SIGNATURE: William M. Kelly Jr.

24. FUNERAL DIRECTOR — ADDRESS: Ulbal F Home 2113 Dundalk

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Pikesville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4110 Bedford Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural give location) 4110 Bedford Rd

3. NAME OF DECEASED (Type or Print): (First) Lucy (Middle) Alberta Dettick (Last) Swindells

4. DATE OF DEATH: (Month) Aug (Day) 13 (Year) 19 52

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 14 Dec 1871

9. AGE last birthday: 81 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Poetess

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY: England

13. FATHER'S NAME: James Raves

14. MOTHER'S MAIDEN NAME: Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none.

17. INFORMANT: Mrs Bertram Swindells

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) arteriosclerotic Heart Disease — Interval between onset and death: 5 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: -

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 June, 19 52, to 13 Aug., 19 52, that I last saw the deceased alive on 10 Aug., 19 52, and that death occurred at 5 40 P. m., from the causes and on the date stated above.

SIGNATURE: Paul H Royse (Degree or title): M.D. ADDRESS: Pikesville 8 Md DATE SIGNED: 13 Aug 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 8/15/52 | NAME OF CEMETERY OR CREMATORY: St. John's Cem. | LOCATION (City, town, or county) (State): Ellicott City, Md.

DATE REC'D BY LOCAL REG.: 8/15/52 | REGISTRAR'S SIGNATURE: a w Hodges | 24. FUNERAL DIRECTOR: Wm. J. Pickner & Sons ADDRESS: Balto 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 50

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 76 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2542 Old Frederick Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 2542 Old Frederick Rd.

3. NAME OF DECEASED (Type or Print): (First) LAWRENCE (Middle) (Last) TEAL

4. DATE OF DEATH: (Month) Aug. (Day) 16, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3/3/1876

9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Paper Box Factory

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Emanuel Teal

14. MOTHER'S MAIDEN NAME: Alice Dyson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-12-0828

17. INFORMANT AND ADDRESS: Mrs. Annie

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral hemorrhage — Interval between onset and death: 36 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c) Arteriosclerosis, generalized — Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Osteo arthritis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-12, 1952 to 8-16, 1952, that I last saw the deceased alive on 8-12, 1952 and that death occurred at 12:05 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Solomon Mayer MD — ADDRESS Catonsville 28 Md — DATE SIGNED 8-18-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8/19/52 — NAME OF CEMETERY OR CREMATORY: Good Shepherd — LOCATION (City, town, or county) (State): Ellicott City, Md.

DATE REC'D BY LOCAL REG. 8/18/52 — REGISTRAR'S SIGNATURE: T. E. Furey

24. FUNERAL DIRECTOR — ADDRESS: Easton Stone-Catonsville, Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1952

Item 9: film GL46 8-25-52 L

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 49

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard; LENGTH OF STAY (in this place) 7 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore; STREET ADDRESS (If rural give location) 3104 Brendan Avenue

3. NAME OF DECEASED: (Type or Print) (First) ERNEST (Middle) J. (Last) THUMEL

4. DATE OF DEATH: (Month) August (Day) 18 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-12-96

9. AGE last birthday: 55 56 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Brewery Worker

10b. KIND OF BUSINESS OR INDUSTRY: Brewery

11. BIRTHPLACE (State or foreign country): Chicago, Ill.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Charles Thumel

14. MOTHER'S MAIDEN NAME: May Scheffler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY No.: 218-05-0887

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
330X Immediate cause	(a) SUBARACHNOID HEMORRHAGE, BASE OF BRAIN	1 week
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) RUPTURE OF CONGENITAL ANEURYSM OF BRANCH OF	1 week
	DUE TO (c) VERTEBRAL ARTERY	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug.11, 1952, to Aug.18, 1952, and that death occurred at 10:25 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) WILLIAM B. VANDEGRIFT, M. D. ADDRESS VAH, FORT HOWARD, MARYLAND DATE SIGNED 8-18-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 8-21-52; NAME OF CEMETERY OR CREMATORY Baltimore National; LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 8/19/52; REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS Howard Blight Funeral Home, 6009 Harford Rd., Baltimore, Md.

Mildred J. Blight

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH:
County: Baltimore County
City or town: Long Beach Middle Riv
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 34 yrs Rt 15
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: [illegible]
City or town: Long Beach Middle Riv
(If outside city or town limits, writ RURAL and give nearest town)
Street No. Rt 15 Box 219
(If rural, give LOCATION)
2.(a) If veteran, name war: No

3.(a) FULL NAME: MARY TROST

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	WIDOW

6.(b) Name of husband or wife: William H.
6.(c) If alive, give age: ——— years

7. Birth date of deceased (mo., day, yr.): July 2, 1866

8. AGE: Years: 86 | Months: | Days: | If less than one day: hrs. min.

9. Birthplace: Germany (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: at home

FATHER
12. Name: BECKLER
13. Birthplace: [illegible]

MOTHER
14. Maiden name: Unknown
15. Birthplace:

16. Informant: MRS WILLIAMS MURRAY
Address: RT 15 Box 219 (20)

17. burial — Date thereof 8/8/52 (month) (day) (year)
(Burial, cremation, or removal Which?)
Cemetery or crematory: Baltimore Cemetery
Location: Baltimore city

18. Funeral director: HENRY SANDER & SONS, INC.
Address: Balto. 13, Md. Henry F. Sander

19. Aug 7, 1952 (Date rec'd by registrar) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 5, 1952, at 12 noon

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 19, 1951 to August 2, 1952 and that I last saw h[illegible] alive on Aug. 2, 1952

Immediate cause of death: Heart Failure — DURATION

Due to: Hypertensive and arteriosclerotic Heart Disease

Due to:

Other conditions: 4

(Include pregnancy within 3 months of death)

Major findings of operations: none — Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

22. SIGNATURE: Irwin H Beck M.D. (M. D. or other)

Address: 901 Fuselage Av Baltimore 20 Md. Date signed: Aug 5, 1952

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

U8357

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician please write the causes of death clearly and legibly.

VS (A14)

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1900 Northeast Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe
STREET ADDRESS (If rural, give location) 1900 Northeast Ave

3. NAME OF DECEASED (Type or Print) (First) Esther (Middle) (Last) Tyrell

4. DATE OF DEATH (Month) Aug (Day) 27, (Year) 1952

5. SEX Female

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH 5-9-1863

9. AGE last birthday 89 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs. Elizabeth Fuller 2459 Brentwood

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X Immediate cause (a) Hypertensive Cardiac Disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 7, 1951, to Aug. 27, 1952 that I last saw the deceased alive on Aug 27, 1952 and that death occurred at 9.40 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Aug 28 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 8-29-52 NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Frances A. Hensley ADDRESS 518 W. Biddle St

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information fully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY BALTIMORE — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - BALTO. CITY - | LENGTH OF STAY (In this place) 20 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS RIDGE ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTO 7
STREET ADDRESS (If rural, give location) RIDGE ROAD

3. NAME OF DECEASED (Type or Print): (First) URSA (Middle) MAY (Last) UEBER
4. DATE OF DEATH: (Month) AUGUST (Day) 12 (Year) 1952
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: MAY 25 1910
9. AGE last birthday: 42 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): BALTIMORE COUNTY
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: GEORGE W. BAYER
14. MOTHER'S MAIDEN NAME: MRS CORA E. WIDERMAN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT AND ADDRESS: MR. WILLIAM UEBER RIDGE RD. 7 MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CHRONIC GLOMERULAR NEPHRITIS	10 YEARS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) HYPERTENSIVE CARDIO VASCULAR DIS.	7 YEARS
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. HYPERTENSIVE RETINOPATHY — 4 MOS.

19a. DATE OF OPERATION: X | 19b. MAJOR FINDINGS OF OPERATION: X | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): X | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): X | (CITY OR TOWN): X | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: X | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? X

22. I hereby certify that I attended the deceased from JUNE, 1949, to AUG 12, 1952; that I last saw the deceased alive on AUG 12, 1952; and that death occurred at 9:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Thomas E. Keeler MD — ADDRESS: Randallstown, Md. — DATE SIGNED: 8-12-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Aug. 15, 1952 | NAME OF CEMETERY OR CREMATORY: Mt. Olive Cemetery | LOCATION (City, town, or county) (State): Randallstown, Md.

DATE REC'D BY LOCAL REG. 8-13-52 | REGISTRAR'S SIGNATURE: C. A. Hedrick | 24. FUNERAL DIRECTOR: Miller & Amoreau | ADDRESS: 4510 Liberty Heights Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4-5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 2119 E. Monument; HOSPITAL OR INSTITUTION OR STREET ADDRESS 1[illegible] Eutaw Pl-Mt Wilson 21-N.; MARYLAND; LENGTH OF STAY (In this place) Life

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY, CITY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 2119 E. Monument St.; STREET ADDRESS (If rural give location) Baltimore, Md.

3. NAME OF DECEASED (Type or Print): (First) Jerome (Middle) Joseph (Last) Wallbillick

4. DATE OF DEATH: (Month) Aug (Day) 20 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Aug 5 1890

9. AGE last birthday: 62 yrs. If under 1 year: Months 0 Days 5 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retail Millinery

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Wallbillick

14. MOTHER'S MAIDEN NAME: Sophie Barch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Sarah Wallbillick 2119 E. Monument

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible] Davis MD [illegible] 8-22-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: Aug 22, 1952; NAME OF CEMETERY OR CREMATORY: Hebrew Friendship; LOCATION (City, town, or county) (State): Baltimore St, Md.

DATE REC'D BY LOCAL REG.: 8/22/52; REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: David R. Martin ADDRESS: 1902 Eutaw Place, Balto, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Owings Mills

LENGTH OF STAY (in this place): 9 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rosewood State Training School

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Baltimore

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural, give location): 8750 Lackawanna Avenue

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
James	Heydon	Wells	8	27	19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	single	12-7-43	8 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
inmate	inmate	Ohio	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Raymond W. Wells	Elizabeth Wallace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Institution records- Rosewood, Owings Mills

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
35/X Immediate cause	(a) Broncho pneumonia- bilateral	12 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Mal nutrition - inanition	
	DUE TO (c) Spastic quadriplegia-	from birth

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-18, 19 52 to 8-27, 19 52 that I last saw the deceased alive on 8-27, 19 52, and that death occurred at 11:50 a.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Viola B. Johns	M.D.	Owings Mills, Md.	8-27-52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
cremation	8 - 28 - 52	Greenmount	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/28/52	A. W. Hedrick	John O. Mitchell & Sons, Inc.	1900 Eutaw Place

NT

M B Mitchell

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard

LENGTH OF STAY (in this place): 2

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp., Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural, give location): 623 N. Paca St., Baltimore, Md.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
EDWARD	(NMI)	WEST	August 31 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	Colored	Divorced	1887	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Dish Washer	—	Accomac, Virginia	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Horace West	Alice (MN Unk.)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes WW I	Unknown	Clin.Rec., Vet.Adm.Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
331 Immediate cause	(a) CEREBRAL HEMORRHAGE	2 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Aug. 29, 19 52, to Aug. 31 19 52, and that death occurred at 4:50 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

JOHN T. BRACKIN, JR., M.D. VAH, FORT HOWARD, MARYLAND 9/2/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/4/52	Baltimore National	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
9/3/52		Arlington S. Phillips, 1808 N. Monroe St. Baltimore 17, Md.

VS. A15 (8-51)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 No. 530

CERTIFICATE OF DEATH

Reg. Dist. No. 667

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL) OR TOWN Catonsville; MARYLAND LENGTH OF STAY (in this place) 27 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Charles; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head; STREET ADDRESS (If rural give location) 14 Couden Road ✓

3. NAME OF DECEASED: (Type or Print) First: James; (Middle): Montell; (Last): Wheeler

4. DATE OF DEATH: (Month) Aug (Day) 3 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 28, 1871

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Owner Farming

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Peter Wheeler

14. MOTHER'S MAIDEN NAME: Margaret Rowe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
Immediate cause	(a) Coronary thrombosis	10 min
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Hypertensive Cardiovascular disease	10 years
	(c) DUE TO Generalized atherisclerosis	10 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 8, 1952 to Aug 3, 1952, that I last saw the deceased alive on Aug 2, 1952, and that death occurred at 2.55 AM Aug 3, 1952 from the causes and on the date stated above.

SIGNATURE (Degree or title) John P Ruley MD ADDRESS Spring Grove State Hospital DATE SIGNED Aug 3, 1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 8/5/52 NAME OF CEMETERY OR CREMATORY Chicamuxen LOCATION (City, town, or county) (State) Chicamuxen Md

DATE REC'D BY LOCAL REGISTRAR 8/3/52 REGISTRAR'S SIGNATURE V E Harvey

24. FUNERAL DIRECTOR Howth & Ryon Waldorf Md ADDRESS

VS(A14)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 08363 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
MARYLAND LENGTH OF STAY in this place: 56 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 54 N. Caroline Street

3. NAME OF DECEASED: (First) GEORGE (Middle) (NMI) (Last) WHITING
4. DATE OF DEATH: (Month) August (Day) 12 (Year) 19 52
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 8-26-95
9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Barber
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Robb's Hill, Virginia
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: George Whiting
14. MOTHER'S MAIDEN NAME: Nanny Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) RHEUMATIC HEART DISEASE WITH DECOMPENSATION — Interval Between Onset And Death: 56 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 17, 1952, to Aug. 12, 1952 and that death occurred at 4:58 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title): Francis G. Dickey
ADDRESS: FRANCIS G. DICKEY, M.D., Chief, Medical Service, VAH, Fort Howard, Md.
DATE SIGNED: 8-13-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 8/15/1952
NAME OF CEMETERY OR CREMATORY: Baltimore National
LOCATION (City, town, or county) (State): Baltimore, Maryland
DATE REC'D BY LOCAL REGISTRAR: 8-15-52
REGISTRAR'S SIGNATURE: G. W. Hedrick
24. FUNERAL DIRECTOR: Mrs. Katie R. Williams
ADDRESS: 322 N. Schroeder St. Baltimore, Maryland

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 235 Edridge Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 782 W. Cross St.

3. NAME OF DECEASED: (Type or Print) (First) Freida (Middle) M. (Last) Winter

4. DATE OF DEATH: (Month) (Day) (Year) Aug. 3/52 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 24, 1882

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H. W.

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Streebig

14. MOTHER'S MAIDEN NAME: Catherine Krause

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Raymond Stemler, 235 Edridge Rd.

18. MEDICAL CERTIFICATION Catonsville 28, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (INTERVAL BETWEEN ONSET AND DEATH)

Immediate cause (a) Cancer of uterus + metastases ?

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death Arteriosclerosis, generalized ?

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from 8/1/52, 19..., to 8/3/52, 19..., that I last saw the deceased alive on 8/1/52, 19..., and that death occurred at 5:30 p.m. from the causes and on the date stated above.

SIGNATURE Edgar P. Williamson (DEGREE OR TITLE) M. D. ADDRESS 3534 Edmondson Ave (29) DATE SIGNED 8/5/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Aug. 6/52

NAME OF CEMETERY OR CREMATORY Loudon Pk.

LOCATION (City, town, or county) (State) Balto. 29, Md.

DATE RECD BY LOCAL REG. 8/5/52

REGISTRAR'S SIGNATURE H. W. Kedrick Dep

24. FUNERAL DIRECTOR Harry A. Whitsitt ADDRESS 4101 Edmondson ave

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-445

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6716 Richardson Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
STREET ADDRESS (If rural, give location) 5107 Leeds Ave.

3. NAME OF DECEASED (Type or Print): (First) Winifred (Middle) S. (Last) Wyma

4. DATE OF DEATH: (Month) August (Day) 24 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 5, 1909

9. AGE last birthday: 43 yrs. — If under 1 year: Months / Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Telephone Observer

10b. KIND OF BUSINESS OR INDUSTRY: Telephone Co.

11. BIRTHPLACE (State or foreign country): Bridgeport, N. J.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Henry Schuyler

14. MOTHER'S MAIDEN NAME: Annie Shervette

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yr., give war or dates of service)

16. SOCIAL SECURITY NO.: 212-05-1875

17. INFORMANT AND ADDRESS: Mr. George T. Wyman, 5107 Leeds Ave., Arbutus

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Lung (Squamous cell) — 6 months

163X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Metastasis to Brain — 2 months

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7-20-52

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Lung - Metastasis to Brain

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-11, 1952, to 8-24, 1952, that I last saw the deceased alive on 8-24, 1952, and that death occurred at 10.10 A m., from the causes and on the date stated above.

SIGNATURE: Coral Lindow M.D. (Degree or title) ADDRESS: 300 E. North Ave. DATE SIGNED: 8-25-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Aug. 27, 1952 — NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery — LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REG.: 8/25/52 — REGISTRAR'S SIGNATURE: A W Hebert

24. FUNERAL DIRECTOR: Thos. J. Lamoreau — ADDRESS: 4510 Liberty Heights Ave.

08366

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place) 13 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7435 Brookwood Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 7435 Brookwood Rd

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) J (Last) Yussen

4. DATE OF DEATH: (Month) Aug (Day) 4 (Year) 1952

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct 28-1900

9. AGE last birthday: 51 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supervisor Machinist @ Martin Co

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Pa

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm Yussen

14. MOTHER'S MAIDEN NAME: Sybilla Gabonio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 169-07-7464

17. INFORMANT AND ADDRESS: Mrs. Chas. J. Yussen 7435 Brookwood Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebrovascular Accident, severe	Immediate
331 X Antecedent cause (6) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterial hypertension	1 yr.
	(c) Pulmonary fibrosis	3 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nyson, 19..., to arrived on Aug. 4 1952, 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at 9:15 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Herbert Chesnin, M.D. — Fuller Med. Group, Ridge & Old Rd. Baltimore — 8/5/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 8/7/52 — NAME OF CEMETERY OR CREMATORY: Greenwood Memorial — LOCATION (City, town, or county) (State): New Kensington, Pa.

DATE REC'D BY LOCAL REG.: Aug. 5-1952 — REGISTRAR'S SIGNATURE: Mrs. G.L. Reynolds

24. FUNERAL DIRECTOR — ADDRESS: Lassahn Funeral Home 7401 Belair Rd

RECEIVED
AUG 7 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct entry is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08367

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton - Rural — LENGTH OF STAY (in this place) 4 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton - Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS Yocho Rd	STREET ADDRESS (If rural, give location) Yocho Rd

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Milton	Samuel	ZePP	AUG.	22	195x

5. SEX	6. COLOR OR RACE	7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W		June 10, 1909	43 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farm owner	Balto., Md.	U S a

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel Zepp	Emma Hanson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Thelma H. Zepp, Parkton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	1 hour
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

420.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pneumonitis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from AUG 20, 195x, to AUG, 195x, that I last saw the deceased alive on AUG 21, 195x, and that death occurred at 4 30 P.M. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. M. Frame	M.D.	Parkton, Md	8/27/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	Aug 25 1952	Parkwood	Balto., Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/26/52	Mrs. Howard Markland	Landon W. Brooks	Sparks, Md.

RECEIVED
AUG 26 1952
BUREAU V. S.